REC'D MAR 15 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

31

County Daviess — Registration District No. 251 — File No. 6589

Township Grand River — Primary Registration District No. 5350 — Registered No.

City ..... (No. ..... , ... St. ..... Ward)

2. FULL NAME Milas Orlando Pugh 2.00

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy Van Pugh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 18, 1867

7. AGE — YEARS: 70 — MONTHS: 5 — DAYS: 20 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Agriculture
10. Date deceased last worked at this occupation (month and year) May 1937
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Daviess Co., Missouri

FATHER

13. NAME Benjiman Pugh
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Abagail Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Mrs. Nancy Pugh R. F. D. 1 Jameson, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grand River Cem. DATE Feb. 9 1938

19. UNDERTAKER (ADDRESS) Hope Furn. & Und. Co., Gallatin, Mo.

20. FILED Feby 9 1938 Jno E Robison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 8, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1936, to Feb 8, 1938
I last saw him alive on Feb. 8, 1938. Death is said to have occurred on the date stated above, at 8:25 m AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Ulcer of Duodenum	9-20-34
23-	
Other contributory causes of importance:	
Tuberculosis of Lungs	7-1-34

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) R. V. Thompson, M. D.
(Address) Jamesport, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.