

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

18140
 Do not use this space.

REC'D JUN 14 1938

1. PLACE OF DEATH

(a) County Daviess Registration District No. 251
 (b) Township..... Primary Registration District No. 4151 Registered No. 6
 (c) City Jameson (d) Street No..... St.
 (e) Length of residence in city or town where death occurred 68 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Howard Pugh

(a) Residence, No. Jameson, Missouri St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Jessie N. Pugh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 10 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. Own Farm
 10. Date deceased last worked at this occupation (month and year) April 1938 11. Total time (years) spent in this occupation Life

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

FATHER 13. NAME Benjamin Pugh

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

MOTHER 15. MAIDEN NAME Abigail Mills

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

17. INFORMANT (ADDRESS) Mrs. Chas. Pugh Jameson, Mo.,

18. BURIAL, CREMATION, OR REMOVAL PLACE Grand River Cem DATE June 4, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Hope Furn. & Undt. Co Gallatin, Missouri

20. FILED June 4, 1938 Chas Pugh Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1938

22. I HEREBY CERTIFY (That I attended deceased from May 31, 1938 to June 3, 1938)
 I last saw him alive on June 2, 1938 Death is said to have occurred on the date stated above at 1:10 AM
 The principal cause of death and related causes of importance were as follows:

Septicemia
following
Extraction of teeth
 Date of onset May 15, 1938

Other contributory causes of importance:

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.....
 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?.....
 If so specify.....
 (Signed) V. B. Graham M. D.

(Address) Jameson

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

L. O. Richesson, or by

Registered Apprentice No., working under my personal supervision.

Signed



Licensed Embalmer No. 3302

P.O. Address Gallatin, Missou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.