

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

Do not use this space.

42916

**1938** JAN 23 1938

**1. PLACE OF DEATH**

County DeKalb.

Registration District No. 259

Township Camden.

Primary Registration District No. 3-359

City

(No. \_\_\_\_\_)

St.

Ward) \_\_\_\_\_

**2. FULL NAME**

200 Susie Pugh.

(a) Residence, No. Home of Hugh Dunlap, St. \_\_\_\_\_ Ward. \_\_\_\_\_

(Usual place of abode) 3 1/2 Mi. S.W. Maysville, Mo. (If nonresident, give city or town and State)

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

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Female

**4. COLOR OR RACE**

White

**5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)**

Widowed

**5A. IF MARRIED, WIDOWED, OR DIVORCED**

HUSBAND OR (OR) WIFE OF

Robert T. Pugh.

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** February 1 1863.

**7. AGE**

YEARS  
75

MONTHS  
10

DAYS  
1

IF LESS than 1 day, .....hrs. or .....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At Home.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Buchanan County, Missouri.

FATHER MOTHER

13. NAME Lawrence Brumm.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

15. MAIDEN NAME Mary Wood.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

17. INFORMANT J. A. Pugh, (ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Amity Cem. DATE Dec. 4 1938

19. UNDERTAKER U. G. Pilcher, (ADDRESS) Maysville, Mo. 234

20. FILED 12-12-38 Ethel H. Hanes Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 2 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30 1938 to December 2 1938

I last saw her alive on December 2 1938 Death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage  
Diabetic acidosis  
Hypostatic pneumonia

Date of onset  
12-1-38  
12-30-38  
12-1-38

Other contributory causes of importance:

Diabetes Mellitus 59 1932

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

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) John M. Cooper, M. D.

(Address) Maysville, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

I. X314

U. G. Pilcher Funeral Director License # 396152

Embalmed by C. T. Pilcher License # 3960

*C. T. Pilcher*