

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

24852
Do not use this space.

FILED JUL 24 1943

1. PLACE OF DEATH
 (a) County Dunklin Registration District No. 103
 (b) Township Hammersville Primary Registration District No. 5417
 (c) City Hammersville (d) Street No. 5417 Registered No. 18
 (e) * Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.

2. PRINT FULL NAME GERALDENE PUGH
 (a) Residence, No. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 2 - 1943</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>2</u>	<u>9</u>	<u>9</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Child</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>None</u>			
	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) <u>Hammersville Mo</u>				
FATHER	13. NAME <u>Bryant Pugh</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dyersburg Tenn</u>			
MOTHER	15. MAIDEN NAME <u>Beatha Pugh</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cape Girardeau Mo</u>			
17. INFORMANT (ADDRESS) <u>Bryant Pugh Hammersville Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hammersville</u> DATE <u>June 12 1943</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>W. J. Jones & Co Hammersville Mo</u>				
20. FILED <u>6-12</u> 19 <u>43</u> <u>Lester P. Pugh</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>June 11 - 1943</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Unattended by a Physician</u> , 19 <u>43</u> I last saw him alive on <u> </u> , 19 <u>43</u> Death is said to have occurred on the date stated above, at <u>1:00</u> A.M. The principal cause of death and related causes of importance were as follows:	
Date of onset	<u>June 5-43</u>
<u>acute illis colitis</u>	
Other contributory causes of importance: <u>unsanitary feeding</u>	
Name of operation	<u>11901</u>
What test confirmed diagnosis?	Date of <u> </u>
Was there an autopsy? <u> </u>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <u> </u> Date of injury <u> </u> , 19 <u>43</u> Where did injury occur? <u> </u> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury	<u> </u>
Nature of injury	<u> </u>
24. Was disease or injury in any way related to occupation of deceased? If so, specify <u> </u> (Signed) <u>George W. Gilmore, D.O.</u> M.D. <u>Caroline G. Dampier, M.D.</u> (Address) <u>Hammersville Mo</u>	

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

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.

2014-1-1-1 X14022

RECEIVED

District Health Office No. 2,

District File Number 743-857

Date Filed 7-19-43

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,

..... or by

Registered Apprentice No., working under my personal supervision

Signed

Licensed Embalmer No.

P. O. Address

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

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