

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

22754

1 PLACE OF DEATH
County Monroe
Township Merion
or
Village
or
City

Registration District No. 579 File No.
Primary Registration District No. 3776 Registered No.
City (NO. St. Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Thomas B. Pughland

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE MARRIED WIDOWED OR DIVORCED (If wife the word) Married

6 DATE OF BIRTH Nov 27 1843
(Month) (Day) (Year)

7 AGE 73 yrs 6 mos 8 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Retired merchant
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) Mo

PARENTS:

10 NAME OF FATHER Thomas B. Pughland

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Mo

12 MAIDEN NAME OF MOTHER Elizabeth Pughland

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Virginia

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 5th 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from June 1st 1917 to June 5th 1917
that I last saw him alive on June 5th 1917
and that death occurred, on the date stated above, at 4:30 p.m.

The CAUSE OF DEATH* was as follows:
Pneumonia lobar
112 AM
112 AM

(Duration) yrs mos. ds. 5

CONTRIBUTORY Wethua
(Secondary) (Duration) yrs mos. ds.

(Signed) M. E. Rusler M. D.
June 5th 1917 (Address) Madison

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted if not at place of death?

Former or usual residence

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) T. B. Pughland
(Address) Desoto, Mo.

15 Filed 6/6 1917 W. E. Pughland Registrar

19 PLACE OF BURIAL OR REMOVAL Swandell Cemetery DATE OF BURIAL 6/7 1917

20 UNDERTAKER Fred A. Thompson ADDRESS Madison, Mo.

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

LOCAL REGISTRAR'S RECORD—DO NOT TEAR LEAF OUT

1 PLACE OF DEATH

County
Township
or
Village
or
City

MISSOURI STATE BOARD OF

BUREAU OF VITAL STATISTIC
CERTIFICATE OF DEATH

Registration District No. File No.
Primary Registration District No. Registered No.
City St. Ward
(NO)

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3 SEX
4 COLOR OR RACE
5 SINGLE
MARRIED
WIDOWED
OR DIVORCED
(Write the word)
6 DATE OF BIRTH
(Month) , 1 (Year)
7 AGE
If LESS than
1 day.....hrs.
or.....min.?
.....yrs.....mos.....ds.

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE
(City or town, State or foreign country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER
(City or town, State or foreign country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant)
(Address)

15

Filed....., 191..... Registrar

16 DATE OF DEATH
(Month) (Day)

17 I HEREBY CERTIFY, that I attended de
that I last saw h..... alive on.....
and that death occurred, on the date stated above, at
The CAUSE OF DEATH* was as follows:

CONTRIBUTORY
(Secondary)
(Signed)
At place (Duration)..... yrs.....m.
(Duration)..... yrs.....m.
..... 191..... (Address)

*State the Disease Causing Death, or, in deaths from Violence
(1) Means of Injury; and (2) whether Accidental, Suicidal,
18 LENGTH OF RESIDENCE (For Hospitals, Institutions
or Recent Residents)
At place of death.....yrs.....mos.....ds. In the State..... yrs.
Where was disease contracted if not at place of death?
Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL
DATE OF BURIAL OR REMOVAL

20 UNDERTAKER
ADDRESS

"Typhoid pneumonia"; Lobar pneumonia; Broncho-pneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritoneum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of "Tumor")

Approved by U. S. Census and American Public Health