FEB 27 1934

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

Do not use this space.

5

1. PLACE OF DEATH

County: ADAIR — Registration District No.: 4 — File No.:

Township: — Primary Registration District No.: 3001 — Registered No.: 9

City: KIRKSVILLE MO (No. 1006 S HALLIBURTON ST St. Ward)

2. FULL NAME: THOMAS L PUGH

(a) Residence, No.: S HALLIBURTON ST St., Ward.
(Usual place of abode) (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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
MALE	WHITE	WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: WIDOWED

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): MARCH 6th 1857

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
76	7	2	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year): 1900 — 11. Total time (years) spent in this occupation: 27

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): LEWIS CO MO

FATHER

13. NAME: HIATT PUGH

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): VIRGINIA

MOTHER

15. MAIDEN NAME: JANE JOHNSTON

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): VIRGINIA

17. INFORMANT: Howard Settle
(ADDRESS) KIRKSVILLE MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE: HIGHLAND PARK DATE: JAN 6th, 34

19. UNDERTAKER: R. Ford Wilson
(ADDRESS) KIRKSVILLE MO

20. FILED: Jan 11, 1934 Spencer Greenwood
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-4, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 26, 1933, to Jan 4, 1934

I last saw him alive on Jan 4, 1933. Death is said to have occurred on the date stated above, at 7 P m.

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

	Date of onset
Pyelonephritis	

Other contributory causes of importance:

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

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) E. L. Lang Klumpp M.D.
(Address) Kirksville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.