

MARGIN RESERVED FOR BINDING

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.

FEB 15 1937

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

Do not use this space.

194

1. PLACE OF DEATH

County BOONE
Township Bowdon
City..... (No..... St..... Ward.....)

Registration District No. 79
Primary Registration District No. 5116

File No. 1
Registered No.....

2. FULL NAME

James Pugh

(a) Residence, No..... St..... Ward.....
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2, 1853

7. AGE YEARS 83 MONTHS 8 DAYS 5 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Boone Co (STATE OR COUNTRY) Mo

MOTHER FATHER
13. NAME Samuel Pugh

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

15. MAIDEN NAME Nancy Gibson

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

17. INFORMANT Walter Mathis (ADDRESS) Surgeon, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Locust Grove DATE Jan 8 1937

19. UNDERTAKER Barnes & Baathe (ADDRESS) Surgeon, Mo.

20. FILED Jan 8 1937 E. N. Gentry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1937, to Jan 7 1937.
I last saw him alive on Jan 6 1937. Death is said to have occurred on the date stated above, at 1 P.M.
The principal cause of death and related causes of importance were as follows:

Urticaria Solaris
Ascaris lumbricoides
Other contributory causes of importance: Ascaris lumbricoides

Name of operation..... Date of.....
What test confirmed diagnosis PP. St. 12 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) W. M. Thomas M. D.
(Address) Surgeon Mo

7, 57, 60, 2
20M-2-19-34
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