

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.

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

Do not use this space.

FEB 17 1937

1. PLACE OF DEATH
 93 County Newton Registration District No. 1046
 Township Shoal Creek Primary Registration District No. 5810
 City Joplin (near) (No. 1/2 mile E. of Tipton Ford 2)
 2. FULL NAME Hannah Elizabeth Pugh
 (a) Residence, No. R#2, Box 480 Joplin Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 25 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

File No. 2417
 Registered No. _____
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 20, 1848</u>		
7. AGE	YEARS <u>88</u>	MONTHS <u>0</u>
	DAYS <u>20</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>267</u>	
	10. Date deceased last worked at this occupation (month and year) _____	11. Total time (years) spent in this occupation <u>1/2</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> <u>Virginia</u>		
MOTHER	13. NAME <u>Andrew Baker</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Grayson</u> <u>Virginia</u>	
	15. MAIDEN NAME <u>Mary Green</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Grayson</u> <u>Virginia</u>	
17. INFORMANT <u>Mrs. Mary Gibson</u> (ADDRESS) <u>1510 Cooper, Joplin Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Caterpillar Cem</u> DATE <u>Jan. 12, 1937</u>		
19. UNDERTAKER <u>Samuel Matney</u> (ADDRESS) <u>1502 Joplin St Joplin Mo</u>		
20. FILED <u>1-11</u> 19 <u>37</u> <u>Ed B. Jarman</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 17, 1936 to Jan 9, 1937
 Last saw her alive on Dec 20, 1936 Death is said to have occurred on the date stated above, at 1:30 p. m.
 The principal cause of death and related causes of importance were as follows:
Influenza +
Peptic ulcers

Other contributory causes of importance:
Age

Name of operation _____ Date of _____
 What test confirmed diagnosis Biopsy 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) J. W. Duggan, M. D.
 (Address) Joplin Mo
Ed B. Jarman

