Mar 25 1937

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

L D Greene

Do not use this space.

7819

File No.

Registered No. 20

1. PLACE OF DEATH
County Ray
Township
City Richmond Mo (No. St. Ward)

Registration District No. 744
Primary Registration District No. 3035

2. FULL NAME Mrs Hulda Francis Pugh

(a) Residence, No. 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: Female
4. COLOR OR RACE: White
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) 3-9-1853

7. AGE: YEARS 83 MONTHS 11 DAYS 4 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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) Ray County Missouri

FATHER
13. NAME Thomas H. Wallard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County Missouri

MOTHER
15. MAIDEN NAME Narissa C Prichard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray County Missouri

17. INFORMANT (ADDRESS) Mr Dean Pugh Richmond Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Hazel Cemetery DATE February 4 1937

19. UNDERTAKER (ADDRESS) P. W. Manfeur Richmond Missouri

20. FILED 3-10 1937 E. E. Hay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1937, to Feb 13 1937
I last saw h. alive on Feb 10 1937. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach	

Other contributory causes of importance: No

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

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) L D Greene, M. D.
(Address) Richmond Mo

R.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.