17-131

REC'D JUN 9 1938

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

Do not use this space.

File No. 17166

Registered No. 1863

1. PLACE OF DEATH

County: Jackson — Registration District No.: 399

Township: Kaw — Primary Registration District No.: 1002

City: Kansas City, Mo (No. 841 W. 71 St Terrace St. Ward)

2. FULL NAME Edward Everett Pugh Sr 200

(a) Residence, No. 841 W 71 Terrace 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	Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF OR WIFE OF: Dorothy Belle widower

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7-12-1863

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
74	9	20	

OCCUPATION

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

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) (STATE OR COUNTRY): Covington Ky.

FATHER

13. NAME: Do not Know

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

MOTHER

15. MAIDEN NAME: Do not Know

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

17. INFORMANT (ADDRESS): Ben Pugh 841 W 71 St Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE: Mt Washington DATE: 5-4-38

19. UNDERTAKER (ADDRESS): D. V. MAST FUNERAL HOME, Inc. 3146 Main St

20. FILED: May 3, 1938 M. M. Brown, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 15, 1938, to Feb 1, 1938

Last saw him alive on 5-1-38, Death is said to have occurred on the date stated above, at 6 a.m.

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

	Date of onset
Myocarditis, Chronic degeneration, heart years	
12 c	

Other contributory causes of importance: Arterial sclerosis

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) Thos C. McHale, M. D.

(Address) 909 Waldheim

N. B.—Every item of information should be carefully supplied. Write blank if unknown. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Thomas McHale
5400 Independence
~~Ch 6161~~ Ha 5220