

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.

31217

17-151

REC'D OCT 15 1938

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City, Mo. (No. 841 W 71 Terrace)

Registration District No. 399
Primary Registration District No. 1002

File No.
Registered No. 3514
St. Ward)

2. FULL NAME

Benjamin D. Pugh
(a) Residence, No. 841 W 71 St 2nd St., Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-29-1938

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

22. I HEREBY CERTIFY, That I attended deceased from 6-15-1938 to 8-29-1938
I last saw him alive on 8-29-1938 Death is said to have occurred on the date stated above, at P.A.M.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-16-1898

Coronary Occlusion Date of onset 1 day

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 40 2 13

Other contributory causes of importance:
Acute Indigestion & Coronary Sclerosis 1 yr?

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

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) Kansas City, Mo.

13. NAME Edward Everett Pugh

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Covington Ky

15. MAIDEN NAME Minnie Bee Stephens

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boon Co Ky

17. INFORMANT (ADDRESS) Mrs Eva Pugh
841 W 71 St Terrace

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE 8/31/38

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

20. FILED Sept 6 1938 M. M. Brown Registrar.

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? If so, specify

(Signed) Thos C McTalle, M. D.
(Address) 909 Waldheim Bldg

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909 Wackerheim Bell

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