

REC'D. DEC 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
 Township Washington
 City Grandview (No. _____)

Registration District No. 104
 Primary Registration District No. 5338

File No. 39420
 Registered No. 86
 _____ St. _____ Ward

2. FULL NAME

Norman Everett 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 23, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
87 10 23

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Contractor
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carpenter & Concrete
 10. Date deceased last worked at this occupation (month and year) 1925 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grayson Co Va.

MOTHER 13. NAME Stephen J. Pugh

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

15. MAIDEN NAME Mahala ✓

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

17. INFORMANT Miss Carl Gray (ADDRESS) Grandview Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellvue Mo DATE Nov 18, 38

19. UNDERTAKER C. T. George & Sons (ADDRESS) Grandview Mo

20. FILED 12-3- 1938 W. J. Brennan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/16, 1938

I HEREBY CERTIFY That I attended deceased from Nov 11, 1938, to Nov 16, 1938

I last saw him alive on Nov 16, 1938 Death is said to have occurred on the date stated above, at 7:30 p.m.

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

Broncho Pneumonia Date of onset 11/13
Toxic myocarditis 11/14

Other contributory causes of importance: 1070
Senility
Arteriosclerosis

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 Wound

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. J. Brennan 366

(Address) Grandview Mo

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.

