N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta' CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very importa'

[redacted] SEP 26 [redacted]

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

Do not use this space.

28425

1. PLACE OF DEATH

County: Dunklin — Registration District No. 288

Township: — Primary Registration District No. 15406

City: Kennett Mo. (No. ... St. ... Ward)

File No. ...

Registered No. ...

2. FULL NAME Mattie Byrd Pugh

(a) Residence, No. Kennett Mo. R-2 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: Fem

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: George Melvin Pugh

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 1 - 1902

7. AGE: YEARS 38 | MONTHS 8 | DAYS 23 | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

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

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): Tenn

FATHER

13. NAME: Grace Greeltney

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

MOTHER

15. MAIDEN NAME: Hattie Hill

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

17. INFORMANT: George Melvin Pugh
(ADDRESS) Kennett R.F.D. 2 Box 124

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Ridge Cem. DATE: 8-25 1940

19. UNDERTAKER: Lutz Und Co
(ADDRESS) Kennett Mo

20. FILED: 8-24 1940 Wheeler Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8 - 23 1940

22. I HEREBY CERTIFY, That I attended deceased from 8 - 11, 1940 to 8 - 23, 1940

I last saw h~~m~~ alive on 8 - 23 - 1940 Death is said to have occurred on the date stated above, at 5:36 p.m.

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

	Date of onset
Coronary Embolism	8-23-40
Other contributory causes of importance: Hysterectomy	8-12-40

Name of operation: Hysterectomy Date of: 8-12-40

What test confirmed diagnosis? 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) S. B. Russell, M. D.

(Address) Kennett, Mo.

9410

RECEIVED
District Health Officer, No
District File Number 940-14
Date Filed 9/11/40

No. 2B
2-21-40
X22659

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28425

Registration District No. 288 Primary Registration District No. 5406 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Kennett
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits write "RURAL")
(d) Street No.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mattie Byrd Pugh
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife
6. (c) Age of husband, or wife, if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 38 Months 8 Days 23 If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 23
year 1940 hour minute M.
21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on , 19;
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Embolism
Duration
Due to 54 B.
Due to
Other conditions Hysterectomy
(Include pregnancy within 3 months of death)
Major findings:
Of operations Fibroids of uterus Submucous Causing Severe uterine Hemorrhages
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature S Russell MD (M. D. or other)
Address Kennett, Mo Date signed 10-8-40