

REC'D JUN 23 1938

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

Do not use this space.

1. PLACE OF DEATH

County Ray Registration District No. 914 File No. 19324
 Township Bridge Grove Primary Registration District No. 6235 Registered No. 11
 City (No. _____) St. _____ Ward _____

2. FULL NAME

Forest Monroe Pugh 200

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-2-1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 7 1

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

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) Ray Co Mo (STATE OR COUNTRY) D

13. NAME Samuel Henry Pugh D

14. BIRTHPLACE (CITY OR TOWN) Ray Co Mo (STATE OR COUNTRY) D

15. MAIDEN NAME Alice Wall

16. BIRTHPLACE (CITY OR TOWN) Ray Co Mo (STATE OR COUNTRY)

17. INFORMANT Alice Pugh (ADDRESS) Ray Co Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope DATE 5-15-1938

19. UNDERTAKER John W. Hays, School (ADDRESS)

20. FILED May 4, 1938 W E Gant Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him alive on May 3, 1938 Death is said

to have occurred on the date stated above, at 235 m.

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

Sudden death from Coronary Occlusion Date of onset _____

Other contributory causes of importance: 94%

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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) Carl H Reed, M. D.

(Address) Hardin 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.

