

Jan 25 1937

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

Do not use this space.

7819

1. PLACE OF DEATH
 County Ray Registration District No. 744
 Township Richmond Mo Primary Registration District No. 3035
 City Richmond Mo (No.) St. Ward

2. FULL NAME Mrs Hulda Francis Pugh
 (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 Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-9-1853

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>83</u>	<u>11</u>	<u>4</u>		

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

OCCUPATION Retired

12. BIRTHPLACE (CITY OR TOWN) Ray County
 (STATE OR COUNTRY) Missouri

FATHER
 13. NAME Thomas H. Wallard
 14. BIRTHPLACE (CITY OR TOWN) Ray County
 (STATE OR COUNTRY) Missouri

MOTHER
 15. MAIDEN NAME Narcissa C. Pritchard
 16. BIRTHPLACE (CITY OR TOWN) Ray County
 (STATE OR COUNTRY) Missouri

17. INFORMANT Mr. Ben Pugh
 (ADDRESS) Richmond Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Missouri DATE February 4 1937

19. UNDERTAKER (ADDRESS) W. Mantour
Richmond Missouri

20. FILED 3-10 1937 G. E. Ray
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 15 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1937 to Feb 15 1937
 I last saw him alive on Feb 10 1937 Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Stomach Date of onset

Other contributory causes of importance:

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) E. D. Green M. D.
 (Address) Richmond Mo

Every item of information should be carefully supplied. Age should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

