

APR 22 1938

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

Do not use this space.

11901

1. PLACE OF DEATH

County

Township

City

Ray County
Richmond

Registration District No.

Primary Registration District No.

744
B-25

File No.

Registered No.

St. Ward

2. FULL NAME

(a) Residence, No.

(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.

Isabella Pugh
224 Rise St. Ward.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1938

3. SEX *Female* 4. COLOR OR RACE *Negro* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Dec. 30 - 1866*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<i>71</i>	<i>2</i>	<i>19</i>	

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 *-*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 19, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *March 15, 1938* to *March 19, 1938*, 19... I last saw her... alive on *March 19, 1938*. Death is said to have occurred on the date stated above, at *8 p. m.*

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

Mitral Stenosis ?

Other contributory causes of importance: *121*

Chronic Nephritis ?

Name of operation Date of
What test confirmed diagnosis? *Phy. Ex.* Was there an autopsy? *No*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Davis County, Mo.*

13. NAME *Don't Know*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *-*

15. MAIDEN NAME *Isabella Richardson*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Davis County, Mo.*

17. INFORMANT (ADDRESS) *Hester Pugh, Richmond, Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Richmond, Mo.* DATE *Mar. 22, 1938*

19. UNDERTAKER (ADDRESS) *Mrs. M. P. Dieks, 116. S. 9th St., St. Louis, Mo.*

20. FILED *4-10-38* *Mar. 23, 1938* Registrar.

23. If death was due to external causes (violence), fill in also the following: Incident, 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) *Thos J. Hooy*, M. D. (Address) *Richmond, 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.

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