

JUL 26 1935

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

Do not use this space.

24148

1. PLACE OF DEATH

County Ray
Township Richmond
City Hannibal (No. _____)

Registration District No. 744
Primary Registration District No. 3035
5976B

File No. _____
Registered No. 67
St. _____ Ward _____

2. FULL NAME Saland M. 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 <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 2 1935</u>		
7. AGE YEARS <u>0</u>	MONTHS <u>0</u>	DAYS <u>5</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 _____
12. BIRTHPLACE (CITY OR TOWN) <u>Hannibal Mo.</u> (STATE OR COUNTRY)		
13. NAME <u>Sylvester Pugh</u>		
14. BIRTHPLACE (CITY OR TOWN) <u>Mo.</u> (STATE OR COUNTRY)		
15. MAIDEN NAME <u>Louise Wallace</u>		
16. BIRTHPLACE (CITY OR TOWN) <u>Mo.</u> (STATE OR COUNTRY)		
17. INFORMANT <u>Sylvester Pugh</u> (ADDRESS) <u>Hannibal Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Richmond Mo.</u> DATE <u>7/8/35</u>		
19. UNDERTAKER <u>M. J. Jorin</u> (ADDRESS) <u>Richmond Mo.</u>		
20. FILED <u>7-10</u> 19 <u>35</u> <u>E. E. Day</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 7 1935

22. I HEREBY CERTIFY, That I attended deceased from July 7 1935 to July 7 1935
I last saw him alive on July 7 1935. Death is said to have occurred on the date stated above, at 9:30 A. m.
The principal cause of death and related causes of importance were as follows:
yellow fever
glanders
Other contributory causes of importance _____
Date of onset _____

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? _____
If so, specify _____
(Signed) J. A. V. Smith, M. D.
(Address) Hannibal, 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.

