

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

2210

**1. PLACE OF DEATH**

County..... Ripley Registration District No. 752 File No. 1  
 Township..... Pike Primary Registration District No. 6993 Registered No. 1  
 City..... (No.....) St..... Ward.....

**2. FULL NAME**

(a) Residence No. Sydney P. Pigg St. 11 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Male | White | Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

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

3 | 6 | 22 | 2 | 2

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

Inf.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo

10. NAME OF FATHER

J. W. Pigg

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Merse

12. MAIDEN NAME OF MOTHER

Zona Gibson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Mo

14. INFORMANT (Address)

J. W. Pigg  
Pike Mo

15.

FILED Jan 27 1923 A. H. Sprague REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 24 1923

17. I HEREBY CERTIFY, That I attended deceased from Jan. 12, 1923, to Jan. 24, 1923. That I last saw h alive on Jan. 23, 1923, and that death occurred, on the date stated above, at 7:45 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

1. Flu  
1913  
11 13 (duration) yrs. mos. 8 ds.  
 CONTRIBUTORY: Loba Pneumonia (SECONDARY)  
 (duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) S. W. Hillman M. D.

, 19 (Address) Pike Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Pike Mo

Jan 26 1923

20. UNDERTAKER

ADDRESS

Family

Pike 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.

# Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association.]

**Statement of Occupation.**—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)* For persons who have no occupation whatever, write *None*.

**Statement of cause of death.**—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *Lobar pneumonia; Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc., of ..... (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; struck y railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

**NOTE.**—Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information which give any of the following diseases, without explanation, as the sole cause of death: Abortion, cellulitis, childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis, phlebitis, pyemia, septicemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS  
BY PHYSICIAN.

## 1 PLACE OF DEATH

County Ripley  
 Township Pine  
 or  
 Village  
 or  
 City (No. \_\_\_\_\_) St.; \_\_\_\_\_ Ward

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

## STANDARD CERTIFICATE OF DEATH

State of Mo Registered No. 1

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Lyman P. Pigg

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (If state the year) Single

16 DATE OF DEATH Jan 24, 1923  
 (Month) (Day) (Year)

6 DATE OF BIRTH X July 2, 1920  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1923, to Jan 23, 1923, that I last saw him alive on Jan 23, 1923, and that death occurred, on the date stated above, at 7:45 a.m.

7 AGE 3 yrs. 6 mos. 22 ds. IF LESS than 1 day, --- hrs. or --- min. ?

and that death occurred, on the date stated above, at 7:45 a.m.

The CAUSE OF DEATH\* was as follows:

8 OCCUPATION  
 (a) Trade, profession, or particular kind of work Imp  
 (b) General nature of industry, business, or establishment in which employed (or employer)

flu  
11 B  
 (Duration) yrs. mos. ds.

9 BIRTHPLACE (State or country) Mo

Contributory (SECONDARY) Pneumonia  
 (Duration) yrs. mos. ds. 4

10 NAME OF FATHER J. W. Pigg

(Signed) S. W. Hillman, M. D.

11 BIRTHPLACE OF FATHER (State or country) Ill

12 MAIDEN NAME OF MOTHER Mrs. Gibson

13 BIRTHPLACE OF MOTHER (State or country) Mo

\_\_\_\_\_, 19\_\_\_\_ (Address) Pine Mo

\* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death yrs. mos. ds. In the State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence \_\_\_\_\_

(Informant) J. W. Pigg  
 (Address) Pine Mo

19 PLACE OF BURIAL OR REMOVAL Pine Mo DATE OF BURIAL Jan 25, 1923

15 Filed Jan 27, 1923 A. L. Sprague REGISTRAR

20 UNDERTAKER Family ADDRESS Pine Mo

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