JAN 23 1929

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

Do not use this space.

37228

1. PLACE OF DEATH
County Jackson — Registration District No. 402 — File No.
Township — Primary Registration District No. 4237 — Registered No. 21
City Oak Grove Mo. (No. ..... St. ..... Ward)

2. FULL NAME Charles Edward Pigg
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 15 1848

7. AGE: Years 80 — Months 10 — Days — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

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

PARENTS
10. NAME OF FATHER: Paul C. Pigg
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Am.
12. MAIDEN NAME OF MOTHER: Martha Davis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Don't know

14. INFORMANT (Address): Arthur Pigg, Oak Grove Mo.

15. FILED 11/17, 1928 — A. W. Mann, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 15th 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1928, to Nov. 15th, 1928 that I last saw him alive on Nov. 15, 1928, and that death occurred, on the date stated above, at 9:15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pernicious Anemia
(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Senility
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) A. W. Mann, M. D
11/17, 1928 (Address)

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Oak Grove Cem. — DATE OF BURIAL: 11/18 1928

20. UNDERTAKER: Z. O. Webb Oak — ADDRESS: Grove Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.