

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

Do not use this space.

2637

1. PLACE OF DEATH

County New Madrid

Registration District No. 55

File No. 7

Township Gideon Mo.

Primary Registration District No. 4033

Registered No. 796

City Gideon Mo.

St. _____ Ward _____

2. FULL NAME Mrs Lillie (Thomson) (Piggin) Revel

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 1 1876

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	52	2	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) _____

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Blanchard
(STATE OR COUNTRY) POPE CO. Ill.

10. NAME OF FATHER John Rogers

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Blanchard
(STATE OR COUNTRY) POPE CO. Ill.

12. MAIDEN NAME OF MOTHER Emily Stone

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Hudson
(STATE OR COUNTRY) Crittendon Co. Mo.

14. INFORMANT B. Meadows
(Address) Gideon Mo.

15. FILED Feb 10 1929 M. V. Mumm
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-6 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 2 1929 to Jan 6 1929 that I last saw her alive on Jan 5 1929 and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia
107A

(duration) _____ yrs. _____ mos. 7 da.
CONTRIBUTORY (SECONDARY) 100%
(duration) _____ yrs. _____ mos. _____ da.

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? Microscopic
(Signed) Red Fullerson, M. D.
, 19 (Address) Gideon 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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt Gilead Cemet DATE OF BURIAL Jan 8 1929

20. UNDERTAKER R B Meentemeyer ADDRESS Gideon Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state whether or not to be cremated. Do not write in this space. 1929 72 2 6 23 2 2 2

