

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

Do not use this space.

5644

1. PLACE OF DEATH

County Butler Registration District No. 49 File No. _____
 Township Poplar Bluff Primary Registration District No. 3731 Registered No. 31
 City Poplar Bluff (No. _____) St. _____ Ward _____

2. FULL NAME

Elvira Fay Pigg
 (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) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 10 1928

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

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 _____

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

10. NAME OF FATHER Dennis Pigg

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

12. MAIDEN NAME OF MOTHER Lillian Ray

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

14. INFORMANT Dennis Pigg
 (Address) Poplar Bluff 3731 4

15. FILED 2/11 29 Dr. B. J. Clay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 10 1929

17. I HEREBY CERTIFY, That I attended deceased from 2-10-1929, to 2-10-1929, that I last saw him/her alive on 2-10-1929, and that death occurred, on the date stated above, at 10 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature birth - 7 month
38

CONTRIBUTORY (SECONDARY) Malara
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: no

DID AN OPERATION PRECEDE DEATH: no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS: _____

(Signed) B. J. Clay, M. D.
44 29 (Address) Poplar Bluff, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Black Creek DATE OF BURIAL Feb 11 1929

20. UNDERTAKER N. T. R. helps ADDRESS Poplar Bluff 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.

21 1929

