29 1929

110

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.

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

Do not use this space.

26808

1. PLACE OF DEATH
County Washington
Township Union
City (No. St. Ward)

Registration District No. 887
Primary Registration District No. 6182

File No.
Registered No. 54

2. FULL NAME Thos. Pidgette.

(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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 12/28/1880

7. AGE: YEARS 48 | MONTHS 6. | DAYS 21 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Rail Road. Worker
(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): Oldmines Mo.

PARENTS
10. NAME OF FATHER: Robert Pidgett.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Harrisonville Ill.
12. MAIDEN NAME OF MOTHER: Julia Dean.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Oldmines Mo.

14. INFORMANT (Address): Steve Pidgette Cadet Mo.

15. FILED 7/20, 1929 Jos. L. Thurman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 7/19. 1929

17. I HEREBY CERTIFY, That I attended deceased from June 5, 1929, to July 19, 1929, that I last saw him alive on July 17, 19 and that death occurred, on the date stated above, at 7.45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris & Mitral incompetency
92A
94B
110B
Approximately (duration) yrs. 10 mos. ds.

CONTRIBUTORY (SECONDARY): Hydro Thorax
approximately (duration) yrs. 3 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? Stethoscopic

(Signed) G. A. Dempsey M. D.
7/19, 1929 (Address) Potosi

*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: Oldmines Mo
DATE OF BURIAL: 7/21 1929

20. UNDERTAKER: J B Boyer Son
ADDRESS: Potosi Mo.