

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

Do not use this space.

~~20553~~
20460

1. PLACE OF DEATH

County St. Francois
Township Randolph
City Desloge, Mo. (No. _____)

Registration District No. 779
Primary Registration District No. 60240

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Marcel Bredette Pigg

(a) Residence, No. _____ St., _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) chief

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 10 - 1927

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	3	4	11	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) "
(c) Name of employer "

9. BIRTHPLACE (CITY OR TOWN) St. Genevieve County
(STATE OR COUNTRY)

10. NAME OF FATHER Lucie Pigg.

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

12. MAIDEN NAME OF MOTHER Charles Rickard

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

14. INFORMANT Shae Rickard
(Address) Desloge Mo.

15. FILED 6-21, 1930 R.R. DeLoe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6-21 1930

17. I HEREBY CERTIFY, That I attended deceased from 6 19 1930, to 6-21 1930, that I last saw him alive on 6-20 1930, and that death occurred, on the date stated above, at 6 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Infantile Paralysis

(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) [Signature]
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

1 IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) H. M. Feeley M. D.
6-21, 1930 (Address) Desloge 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 Desloge DATE OF BURIAL June 22 1930

20. UNDERTAKER Alvin W. Hood ADDRESS Bonnie Jean Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION important.

MISSOURI STATE BOARD OF HEALTH IS A PERMANENT RECORD

