Ravenswaay

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

Do not use this space.

40487

File No. 123

Registered No. 218

1. PLACE OF DEATH

County Cooper. Registration District No. 218

Township Primary Registration District No. 2015

City Boonville (No. , St. Ward)

2. FULL NAME Mrs. Emma 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John R. Pigg.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 30" 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	70	7	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knob Noster Mo.

FATHER

13. NAME W. H. Allison.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia Mo.

MOTHER

15. MAIDEN NAME Rebecca Pigg.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky.

17. INFORMANT (ADDRESS) Mrs. H. W. Reed. Boonville Mo.

18. BURIAL, CREMATION, OR REMOVAL Boonville Mo.
PLACE Walnut Grove Cem. DATE Dec. 18" 1931

19. UNDERTAKER (ADDRESS) Goodman & Boller. Boonville Mo.

20. FILED Dec 18 1931 G. A. Russell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16" 1931

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1928, to Dec 16, 1931

I last saw her alive on Dec 16, 1931. Death is said to have occurred on the date stated above, at 1.25 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the right breast

50

Date of onset

Other contributory causes of importance:

Metastases into brain

breast

Name of operation amputation Date of Dec 1928

What test confirmed diagnosis? pathology Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19

Where did injury occur? —
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Alexa Ravenswaay, M. D.

(Address) Boonville. Mo.

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

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2.

JAN 30 1932