

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

Do not use this space.

1. PLACE OF DEATH

72 County New Madrid
Township Jessie
City Portageville (No. _____)

Registration District No. 604

Primary Registration District No. 2803

23528

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME Blindie June Pegg

(a) Residence, No. Portageville, Mo. 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 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) 12/27/30

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

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

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) Rector Ark.

13. NAME Floyd Pegg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paragould Ark.

15. MAIDEN NAME Elna Wise

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anderson Ind.

17. INFORMANT (ADDRESS) Floyd Pegg Paragould Ark.

18. BURIAL, CREMATION, OR REMOVAL PLACE Paragould Ark. DATE July 27 1932

19. UNDERTAKER (ADDRESS) R. M. Payne Portageville Mo.

20. FILED _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 27, 32 1932

22. Saw ~~PATIENT ONLY~~ patient only as it died _____ deceased from _____ on July 27th, 1932, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 10 A.M.

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

Pernicious Malaria-
Congestive chill

Other contributory causes of importance: None

Name of operation None Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide None 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? _____

If so, specify No
(Signed) D. A. Reeder M. D.
(Address) Portageville, 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.

SEP 24 1932

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31.

32.