

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

Do not use this space.

MAR 24 1934

6848

1. PLACE OF DEATH
 County Registration District No. **791**
 Township **St. Louis** Primary Registration District No. **1003**
 City **St. Louis** (No. **6022 Maple**) St. Ward) **5**
 2. FULL NAME **Mrs. J. A. Bigley**
 (a) Residence, No. **6022 Maple** 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 **Widowed**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Andrew J.**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jun 24-1853**
 7. AGE YEARS **80** MONTHS **7** DAYS **20** IF LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House Work**
 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) **Clarksburg Pa.**
 MOTHER FATHER 13. NAME **Geo. Kim**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Switzerland**
 15. MAIDEN NAME **Amelia Lang**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hurnang**
 17. INFORMANT **Geo. Mathieu**
 (ADDRESS) **6022 Maple**
 18. BURIAL, CREMATION, OR REMOVAL **Feb 17 1934**
 PLACE **Clarksburg** DATE
 19. UNDERTAKER **Cullen Bell**
 (ADDRESS) **1476 N. Maple**
 20. FILED **J. H. Debeck**
 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 15 1934**
 22. I HEREBY CERTIFY, That I attended deceased from **Feb 2 - 1934** to **Feb 15 1934**
 I last saw him alive on **Feb 15 1934** Death is said to have occurred on the date stated above at **11:30 a.m.**
 The principal cause of death and related causes of importance were as follows:
Intestinal obstruction Date of onset **Feb 2 1934**
46C
127B
 Other contributory causes of importance:
Probably malignancy
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **no** 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 **Kate W. Spain**, M. D.
 (Signed) (Address) **5116 Page**

STATE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

51-10

1921

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County.....
Township.....
City..... (No.)

Registration District No. 991
Primary Registration District No. 1003

File No.
Registered No. 1702
St. Ward)

2. FULL NAME

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

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

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

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

OCCUPATION

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)

MOTHER FATHER

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 1934

SUPPLEMENTARY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 15 1934

22. I HEREBY CERTIFY, That I attended deceased from to 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

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

Internal obstruction caused by carcinoma of Cecum

Other contributory causes of importance: Probably malignancy

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external cause (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? If so, specify

(Signed)....., M. D.
(Address).....

J. L. Bredeck
Registrar.

USE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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