

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.

1. PLACE OF DEATH 85  
 County C Buchanan Registration District No. 1001 File No. 7934  
 Township St Joseph Primary Registration District No. 1001 Registered No. 341  
 City St Joseph No. 1607 Beatlee St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Thomas F. Pigg  
 (a) Residence, No. 1607 Beatlee St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 48 yrs. 4 mos. 4 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF. Widower 1850

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 28 - 1877

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>86</u>	<u>83</u>	<u>3</u>	<u>22</u>

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

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

10. Date deceased last worked at this occupation (month and year) 4-3-34 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) St. Charles (STATE OR COUNTRY) Missouri

MOTHER FATHER

13. NAME Thomas Pigg

14. BIRTHPLACE (CITY OR TOWN) Norfolk (STATE OR COUNTRY) West Virginia

15. MAIDEN NAME Ann Cochran

16. BIRTHPLACE (CITY OR TOWN) Ft. Gibson (STATE OR COUNTRY) Kenn.

17. INFORMANT Huber Reese (ADDRESS) St Joseph Mo.

18. BURIAL, CREMATION OR REMAINS PLACE Calhoun Cem DATE Mar. 25 1934

19. UNDERTAKER Fleeman West Inc (ADDRESS) St Joseph Mo.

20. FILED AP 22 1934 John R. Benthley Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 20 1934

22. I HEREBY CERTIFY, That I attended deceased from March 18, 1934 to March 20, 1934  
 I last saw him alive on March 20, 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:  
Tuberc Pneumonia Date of onset \_\_\_\_\_  
108  
108  
 Other contributory causes of importance: Senility

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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) E. B. Bingham M. D.  
 (Address) St Joseph Mo.

