

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.

JUN 20 1934

HENRICKSON

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

Do not use this space.

1. PLACE OF DEATH

County Butler

Township Poplar Bluff

City Poplar Bluff

Registration District No. 89

Primary Registration District No. 3007

Poplar Bluff Hospital

File No.

15908

Registered No.

706

St.

2

Ward

2. FULL NAME Barbara Jean Pigg

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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)

single

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

single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19, 1934

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day,hrs. ormin.

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.

infant

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Poplar Bluff, Mo.
(STATE OR COUNTRY)

MOTHER FATHER

13. NAME Clarence Pigg

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

15. MAIDEN NAME Minnie Turner

16. BIRTHPLACE (CITY OR TOWN) Poplar Bluff Mo.
(STATE OR COUNTRY)

17. INFORMANT Clarence Pigg
(ADDRESS) Hendrickson?

18. BURIAL, CREMATION, OR REMOVAL PLACE City Cemetery DATE 5/23/34
Mo. City Cem.

19. UNDERTAKER Greep Undertaking Company
(ADDRESS) Poplar Bluff, Mo.

20. FILED 5-28-1934 W. S. Bailey
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 19, 1934, to May 22, 1934

I last saw her alive on May 23, 1934. Death is said to have occurred on the date stated above, at 10:20 PM

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

Heart failure
caused from difficult delivery
160 B
161 D / 160 A

Date of onset

Other contributory causes of importance:

Name of operation..... 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?..... 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) W. S. Bailey, M. D.

(Address) Poplar Bluff, Mo.

