

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.

OCT 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County Butler Registration District No. 88
Township Boon-Island Primary Registration District No. 6268
City (No.) St. Ward

File No. 32081
Registered No. 35

2. FULL NAME

George Lafayette Pigg
(a) Residence, No. Woollyville, Mo. Box Route 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jane Pigg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 00 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. General
10. Date deceased last worked at this occupation (month and year) Sept 6, 1934 11. Total time (years) spent in this occupation Lifetime

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berea Kentucky

13. NAME Wm Pigg

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

15. MAIDEN NAME Delilah Fox

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

17. INFORMANT Verice Luthin (ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bursey cemetery DATE Sept 9 1934

19. UNDERTAKER Wash Undertaking Co. (ADDRESS) Naylor Mo

20. FILED 9-7-1934 R. L. Turner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7th 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 6 1934, to Sept 7 1934.
I last saw him alive on Sept 7 1934. Death is said to have occurred on the date stated above, at 11:20 a. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
82A
97
GA
Other contributory causes of importance: arterio-sclerotic

Date of onset 9-6-34

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical 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) R. L. Turner, M. D.
(Address) Woollyville, Mo.

