

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

County Shelby
Township Black Creek
City (No)

Registration District No. 831
Primary Registration District No. 6092

File No. 11612
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Marjory Lee Bigelow
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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 _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 5 - 1931
7. AGE YEARS 3 MONTHS 6 DAYS ✓ If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
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) Shelby Co. Mo.

FATHER
13. NAME Arch Bigelow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co. Mo.

MOTHER
15. MAIDEN NAME Ma Jewell Crabtree

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby Co. Mo.

17. INFORMANT (ADDRESS) Arch Bigelow
Shelbyville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. R. D. Cemetery Mar - 6 - 1935

19. UNDERTAKER (ADDRESS) E. P. Thompson
Shelbyville, Mo.

20. FILED Mar 6, 1935 - Pearl
Goel
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar - 5 - 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1931, to March 5 1935

I last saw her alive on March 4 1935 Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

Pneumonia
Date of onset _____
Other contributory causes of importance: Influenza, Distal.

Name of operation _____ Date of _____
What test confirmed diagnosis? chest tests 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? _____
If so, specify _____
(Signed) Stacy, M. D.
(Address) Shelbyville, Mo.

