

AUG 25 1935

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

Do not use this space.

18610

1. PLACE OF DEATH

County Saline
Township Arrow Rock
City Arrow Rock (No.)

Registration District No. 792
Primary Registration District No. 4473

File No.
Registered No.
St. Ward)

2. FULL NAME

Trigg, Orben Tasse - col

(a) Residence, No. Arrow Rock, Mo. 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. 9 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) baby

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20 - 1930

7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
9 15

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) Arrow Rock, Mo.

13. NAME George Trigg - col.

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

15. MAIDEN NAME Callie Shafer

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

17. INFORMANT (ADDRESS) George Trigg - col.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sappington, Mo. DATE May 30, 1935

19. UNDERTAKER (ADDRESS) None

20. FILED 7-20, 1935 P. L. Lawless Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 18, 1935, to May 26, 1935. I last saw him alive on May 26, 1935. Death is said to have occurred on the date stated above, at 7:30 am.

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

Date of onset 5-18-35

Other contributory causes of importance:
108

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? No.
If so, specify BC Bradshaw M. D.
(Signed) Arrow Rock, Mo.
(Address)

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.

