

NOV 8 1935

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Van
City Van City (No. 2835-Clair St)

Registration District No. 800
Primary Registration District No. 4000

File No. 32791
Registered No. 4030
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2835-Clair 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. (If nonresident, give city or town and State)

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 Florence Pigg

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5-1879

7. AGE YEARS 56 MONTHS 1 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clock
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. clock room
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) Mo.

FATHER 13. NAME Louis Pigg

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

MOTHER 15. MAIDEN NAME Jess Ballard

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

17. INFORMANT (ADDRESS) Mrs H. Pigg

18. BURIAL, CREMATION, OR REMOVAL PLACE Not known DATE 10/29/35

19. UNDERTAKER (ADDRESS) Heberly

20. FILED 10/18, 1935 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept - 15, 1935 to Oct 18, 1935. I last saw him alive on Oct 15, 1935 at 2:30 p.m. Death is said to have occurred on the date stated above, at _____ a.m. The principal cause of death and related causes of importance were as follows:

Tracheal - Asphyxial
Respiration
WO
Other contributory causes of importance: Primary carcinoma
of asphyxial
nature

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) J. G. Sheldon, M. D. (Address) 722 W. 10th

WRITE PEAINLY, 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.

