NOV 16 1937

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

Do not use this space.

1. PLACE OF DEATH
County Charlton
Township Brunswick
City Brunswick (No. ..... St. ..... Ward)

Registration District No. 169
Primary Registration District No. 4098

File No. 37405
Registered No. 35

2. FULL NAME CAREY L. BIGBY

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Mall
4. COLOR OR RACE Col
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. 12-1884

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
53	1	1	

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

FATHER
13. NAME S W Bigby
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunswick Mo

MOTHER
15. MAIDEN NAME Nannie Outlaw
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunswick Mo

17. INFORMANT (ADDRESS) S W Bigby Brunswick Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Brunswick Mo DATE Oct 15 1937

19. UNDERTAKER (ADDRESS) L W Meisel Brunswick Mo

20. FILED Oct 15 1937 Harry E. Tatum
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from about Sept 15 1937 to Oct 12, 1937
I last saw him alive on Oct 12, 1937. Death is said to have occurred on the date stated above, at 4 20 A m.
The principal cause of death and related causes of importance were as follows:

Acute nephritis — Date of onset Sept 1937

Other contributory causes of importance:
Exposure to cold producing Lagrippe

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) Harry E Tatum, M. D.
(Address) Brunswick Mo.

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