

AUG 4 1938

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

25563

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 404
(b) Township Kenn Washington Primary Registration District No. 5558 Registered No. 55
(c) City K.C. Mo. (d) Street No. 8001 Euclid Avenue, K.C. Mo. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Odie Woodford Pigg.

(a) Residence, No. 8001 Euclid Avenue, K.C. Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 Leslie Pigg.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 1st, 1872
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
65 8 8

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Salesman
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) Clay Co., Missouri.13. NAME Louis P. Pigg.14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Susan E. Ballard16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT Mrs. Leslie Pigg.
(ADDRESS) 8001 Euclid Avenue, K.C. Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Lawn DATE July - 11, 193819. FUNERAL DIRECTOR (NAME) Mrs. C.L. Forster
(ADDRESS) 918 Brooklyn Avenue, K.C. Mo.20. FILED 8-1 1938 R.V. Lindsey & Sons
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 9th, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 21 1938 to July 9 1938
I last saw him alive on July 9 1938 Death is said to have occurred on the date stated above, at 3:50 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset
Cerebral accident (hemorrhage)

Other contributory causes of importance:

Hypertension
Myocardial failure

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) Warren J. Arnold, M. D.

(Address) Chapel Medical Bldg
Kansas City, Mo.

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Dr. Rumlid, Bell Hosp. and Plaza.

at Plaza Medical Bldg.

2 pm of these 145

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.