N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very impo

FILLED APR 28 1941

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

Do not use this space.

11547

1. PLACE OF DEATH
County Oregon — Registration District No. ~~5840~~ 634 — File No. 15
Township King — Primary Registration District No. ~~6936~~ 5840 — Registered No. 11
City ~~Wilkinson~~ (No. ..., ... St. ... Ward)

2. FULL NAME Martha E. Pigg
(a) Residence, No. ... St., ... Ward. (If nonresident, give city or town and State)
(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): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: M. N. Pigg
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2/9 1864
7. AGE: YEARS 77 — MONTHS — DAYS 25 — 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.: None
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): Tennessee

FATHER
13. NAME: No Record
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

MOTHER
15. MAIDEN NAME: "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): "

17. INFORMANT (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL
PLACE Wilkinson DATE 2/6 1941
19. UNDERTAKER (ADDRESS) Neighbors
20. FILED 4/1 1941 Enoch Bailey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5, 1941
22. I HEREBY CERTIFY, That I attended deceased from Jan. 1940, to Feb. 1941
I last saw her alive on Feb. 3, 1941. Death is said to have occurred on the date stated above, at 11 P m.
The principal cause of death and related causes of importance were as follows:
Chronic Endocarditis — Date of onset: Yes
Other contributory causes of importance: Chronic Bright disease
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) S. W. Hilton, M. D.
(Address) Alton Ind

RECEIVED
District Health Officer No. 5,
District File Number 441489
Date Filed

Recordr Buried cant pt Her Birth Place
y thick Tennessee. She Mar not a famous
thing is all i Can give

No. 2
1-4-41
-17-39
X26390

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11547

Registration District No. 636 Primary Registration District No. 5840 Registrar's No.

1. PLACE OF DEATH:
(a) County Oregon
(b) City or town Pine
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Oregon
(c) City or town Wildermere mo
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Martha E. Pigg
3. (b) If veteran, name war
(c) Social Security No.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced wd
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 77 Months Days 25 If less than one day hr.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Wildermere
18. (a) Signature of funeral director Mack Simpson
(b) Address Wildermere
19. (a) 2/6 (Date received local registrar) (b) Enoch Bailey (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5 year 1941 hour minute M.
21. I hereby certify that I attended the deceased from 19, to 19;
that I last saw alive on 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature R. W. Fellon (M. D. or other)
Address Alton Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

SUPPLEMENTARY

11547

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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.