

JAN 9 1935

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

Do not use this space.

44210

1. PLACE OF DEATH

County St. Francois
Township St. Francois

Registration District No. 773
Primary Registration District No. 6018A

File No.
Registered No. 163

2. FULL NAME Henry Pigg

(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 Male 4. COLOR OR RACE White 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) June 6, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
53 6 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) St. Francois County Missouri

13. NAME Henry R. Pigg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Malinda Cook

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

17. INFORMANT (ADDRESS) Hospital Records

18. MURDER, CREMATION, OR REMOVAL PLACE Bonne Terre, Mo DATE Dec. 14 1934

19. UNDERTAKER (ADDRESS) Benham and Co. Bonne Terre, Mo

20. FILED Dec 10 1934 T. J. Robinson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 9, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 2, 1934, to Dec 9, 1934
I last saw him alive on Dec 9, 1934 Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Generalized arterio-sclerosis
and chronic nephritis
Date of onset

Other contributory cause of importance:
Generalized arterio-sclerosis and chronic nephritis

Name of operation Date of
What test confirmed diagnosis? obscure 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) P. S. Jeter M. D.
(Address) Hosp. # 4 Farmington Mo.

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.

WHITE PLAIN WITH UNFADING INK THIS IS A PERMANENT RECORD

