

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

Do not use this space.

31337

1. PLACE OF DEATH

County St. Francois
Township Randolph
City Desloge (No.)

Registration District No. 779
Primary Registration District No. 6049C

File No.
Registered No.
St. Ward)

2. FULL NAME Matthie Pigg

(a) Residence. No. St., Ward, (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 Female 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 Willie K. Pigg

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 9, 1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
47 | 2 | 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) St. Genevieve Co.

10. NAME OF FATHER Jol Covington

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Julda Terrier

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Virginia

14. INFORMANT Willie K. Pigg
(Address) Desloge Mo

15. FILED 10-19-1927 R. B. Pugh REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 18 - 1927

17. I HEREBY CERTIFY, That I attended deceased from 10-1, 1927, to 10-17, 1927 that I last saw h. alive on 10-17, 1927, and that death occurred, on the date stated above, at 11:45 a. m.

THE CAUSE OF DEATH** WAS AS FOLLOWS:

46 E Carcinoma gall. bladder
131
4413
(duration) unknown
CONTRIBUTORY Ch. interstitial nephritis
(SECONDARY) (duration) unk yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH. no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) Harold P. Goelzer M.D.

10-19, 1927, (Address) Desloge Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Pigg Cemetery Oct. 20, 1927

20. UNDERTAKER

C. J. Boyer ADDRESS Desloge Mo

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.

NOV 28 1927

