

REC'D JUN 20 1938

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

**18213**  
 Do not use this space.

1. PLACE OF DEATH  
 (a) County Franklin Registration District No. 300  
 (b) Township Gyon Primary Registration District No. 5417  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (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 Charles E. Pigeon 25A  
 (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)

## 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 Alvena K. Pigeon

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 20, 1858

7. AGE YEARS 79 MONTHS 5 DAYS 28 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farming

9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) May 16, 1938 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4

FATHER 13. NAME Edwin Pigeon 4  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4

MOTHER 15. MAIDEN NAME Jane Spinner  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT Alvena K. Pigeon  
 (ADDRESS) Gerald M. B. R.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union, Mo DATE May 20, 38  
 19. FUNERAL DIRECTOR (ADDRESS) L. N. Leasure  
Beaufort, Mo.

20. FILED 5-17 1938 K. R. Matthews 277  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1938

22. I HEREBY CERTIFY, that I attended deceased from May 19, 35 1938, to May 18, 1938  
 I last saw him alive on Mar 15, 1938 Death is said to have occurred on the date stated above, at 7A m.  
 The principal cause of death and related causes of importance were as follows:

~~Chronic Myocarditis~~ Date of onset 5-15-38  
Cerebral Apoplexy  
 Other contributory causes of importance: Abc  
Chronic Myocarditis Not known

Name of operation None 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) K. R. Matthews, M. D.  
 (Address) Beaufort, Mo

STATEMENT BY LICENSED EMBALMER

*E H Lemme*

Licensed Embalmer No.

*3076*

I, \_\_\_\_\_ hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

*E H Lemme*

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_

Registered Apprentice No.

working under my personal supervision.

Signed

*E H Lemme*

Licensed Embalmer No.

*3076*

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