WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 29 1932

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

Do not use this space.

11186

1. PLACE OF DEATH

97 County Saline — Registration District No. 796 — File No.

5 Township — Primary Registration District No. 3038 — Registered No. 32

7 City Marshall (No. ..... St. ..... Ward)

2. FULL NAME Leland Dale Pierce

(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 1 yrs. 11 mos. 15 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) April 13, 1924

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
7	11	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

9. BIRTHPLACE (CITY OR TOWN) Stanberry (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Isaac Pierce
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co. Mo
12. MAIDEN NAME OF MOTHER Stella May Folgate
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co Mo

14. INFORMANT Hospital Record (Address) Marshall Mo

15. FILED 3/22, 1932 Mrs. John H. McGuire REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 18 1932

17. I HEREBY CERTIFY, That I attended deceased from April 3, 1930, to March 18, 1932 that I last saw him alive on March 18, 1932 and that death occurred, on the date stated above, at 11:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza

11B (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 11B (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH — (1)

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) H. H. Maples, M. D.

3/18, 1932 (Address) Marshall 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: Albany Mo. — DATE OF BURIAL: Mch 22 1932

20. UNDERTAKER: R. M. Campbell — ADDRESS: Marshall