

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

Do not use this space.

17014

1. PLACE OF DEATH

78 County DeWitt Registration District No. 1099
Township Little River Primary Registration District No. 5868
City Wardell, Mo. Dist #3 (No. _____) St. _____ Ward) _____

2. FULL NAME

Arnold McClure Peice
(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 8 yrs. 2 mos. 2 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) Feb 14, 1924
7. AGE YEARS 8 MONTHS 2 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. school boy
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) Wardell, Mo. 1

13. NAME M. C. Peice 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris, Tenn 2

15. MAIDEN NAME Mabel Rauns

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris, Tenn

17. INFORMANT Harvey Peice (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Wardell DATE May 17, 1932

19. UNDERTAKER R. M. Payne (ADDRESS) Antagville, Mo

20. FILED 19 Registrar.

MEDICAL CERTIFICATE OF DEATH

3
21. DATE OF DEATH (MONTH, DAY, AND YEAR) May, 16th, 32 19
22. I HEREBY CERTIFY, That I attended deceased from May, 12, 32, 19____, to May, 16, 32, 19____
I last saw h. im. alive on May, 16, 32, 19____. Death is said to have occurred on the date stated above, at 9 P.m.
The principal cause of death and related causes of importance were as follows:

Amebic Dysentery
13A
130
130 130 130
Other contributory causes of importance: ①

Suppression of urin due acute nephritis.
Name of operation None Date of _____
What test confirmed diagnosis? Urinal 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) e. a. Raun, M. D.
(Address) Paris, Tenn

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.

MAY 24 1932

STATE OF TEXAS
COUNTY OF DALLAS

GRANT

DEPARTMENT

NO. 100

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Demiseot Registration District No. 1099
 Township Little River Primary Registration District No. 5-868
 City (No. St. Ward)

2. FULL NAME

Arnold McClure Pince

(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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) S

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
8 3 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. School boy
 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) Wardell Mo

13. NAME W. C. Pince

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Tenn

15. MAIDEN NAME Mable Paine

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paris Tenn

17. INFORMANT (ADDRESS) Waverly Pince

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Wardell Mo May 17 1932

19. UNDERTAKER (ADDRESS) R. M. Payne Portageville Mo

20. FILED 6-10-32 Opal Weese Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16 1932

22. I HEREBY CERTIFY, That I attended deceased from May 12 1932 to May 16 1932

I last saw live on May 16 1932 Death is said to have occurred on the date stated above, at 9 P.M.

The principal cause of death and related causes of importance were as follows:

Amoebic dysentery Date of onset

Other contributory causes of importance: Suppression of urine due to acute nephritis

Name of operation none Date of

What test confirmed diagnosis? Clinical 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) A. D. Reeder M. D.

(Address) Portageville, Mo

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

S-17014