

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

Do not use this space.

26729

1. PLACE OF DEATH

County Larson Registration District No. 408
 Township Madison Primary Registration District No. 3020
 City Carthage (No. _____) St. _____ Ward _____

2. FULL NAME

Randolph Monroe Pierce
 (a) Residence, No. 320 E. Mason Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 67 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rosella Betty</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 11th 1851</u>		
7. AGE	YEARS	MONTHS
<u>81</u>	<u>11</u>	<u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Ret Farmer</u>		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) <u>Callwell Co. Mo.</u>		
13. NAME <u>Pleasant Pierce</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>U. S.</u>		
15. MAIDEN NAME <u>Virginia Taylor</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
17. INFORMANT <u>Mrs R. M. Pierce wife</u> (ADDRESS) <u>320 E. Mason St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hackney Cemetery</u> <u>8/10</u> <u>1933</u>		
19. UNDERTAKER <u>Chas. Drake</u> (ADDRESS) <u>Carthage Mo.</u>		
20. FILED <u>Aug 10</u> 19 <u>33</u> <u>S. B. Collier</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8th, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1932, to Aug 8, 1933
 I last saw him alive on Aug 1, 1933 Death is said to have occurred on the date stated above, at 2:20 p. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Vascular disease
arterio-sclerosis 1931
 Date of onset _____

Other contributory causes of importance
none

Name of operation _____ Date of _____
 What test confirmed diagnosis? gun phos Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no 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) H. A. LaFare, M. D.
 (Address) Carthage Mo

WITH CONTINUING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

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