

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

Do not use this space.

APR 25 1934

**1. PLACE OF DEATH**

County Dullwein  
Township Jay  
City Hempfling (No. \_\_\_\_\_)

Registration District No. 85-1  
Primary Registration District No. 6119

File No. 11649  
Registered No. 12  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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 Jno. Pierce

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18 - 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
44      1      26

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. hairwork  
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) Dull. Co. Mo

MOTHER 13. NAME Alongo Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo

15. MAIDEN NAME Comora Myers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Jno. Pierce Hempfling Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE March 17 - 1934 DATE Mar. 17, 1934

19. UNDERTAKER (ADDRESS) R. B. Bayne & Son Galat Mo

20. FILED March 17, 1934 Cordelia Shouse Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar. 1st, 1934, to Mar. 15, 1934.  
I last saw him alive on 3/15, 1934. Death is said to have occurred on the date stated above, at 9:30 Am.  
The principal cause of death and related causes of importance were as follows:

Causes of Bowels  
48  
46  
53A  
Other contributory causes of importance: General therapy

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) A. M. Currier, M. D.  
(Address) Hempfling Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



**MISSOURI STATE BOARD OF HEALTH  
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Shelby  
Township Jaylar  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 851  
Primary Registration District No. 6119

File No. \_\_\_\_\_  
Registered No. 12  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 18 - 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.  
44 1 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house wife

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) Shelbyville, Co. Mo.

13. NAME Along Williams

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Conora

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) John Pierce

18. BURIAL, CREMATION, OR REMOVAL PLACE March 17<sup>th</sup> 1934 DATE Mar 17, 1934

19. UNDERTAKER (ADDRESS) P.H. Payne & Son

20. FILED March 17<sup>th</sup> 1934 Cordelia Shores Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1934 to Mar 16, 1934. I last saw him alive on Mar 16, 1934. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m. The principal cause of death and related causes of importance were as follows:

Corporation of Interest  
Creed of Powell  
46  
Other contributory causes of importance: operated in Nashville Mo  
for Buple's Tumors  
of outlets to Powell

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) J.M. Carver, M. D.  
(Address) St. Louis, Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
N. B. - If 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.

SUPPLEMENTARY

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