

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.

MAR 18 1936

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

Do not use this space.

5264

1. PLACE OF DEATH

County De Kalb Registration District No. 262 File No. _____
Township Roll Primary Registration District No. 4161 Registered No. _____
City Union Star, Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

Frank Douglas Pierce
(a) Residence, No. Union Star, Mo. St. _____ Ward _____ (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 Jennie Pierce

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 yrs. 15

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

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) Aug, 1934 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew, Co. Missouri

13. NAME William Pierce

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

15. MAIDEN NAME Martha Whitcomb

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

17. INFORMANT (ADDRESS) Frank Pierce Union Star

18. BURIAL, CREATION, OR REMOVAL PLACE Union Star DATE Feb. 23, 1936

19. UNDERTAKER (ADDRESS) Lusile M. Wilson Union Star, Mo.

20. FILED Feb 27, 1936 E. M. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21, 1936

22. I HEREBY CERTIFY That I attended deceased from Jan 1, 1935 to Feb 21, 1936
Last saw him alive on Feb. 20, 1936 Death is said to have occurred on the date stated above, at 7:30 A.M.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis 1934
930

Other contributory causes of importance:

Name of operation No Date of _____
What test confirmed diagnosis? Chrom 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? _____
If so, specify E. M. Reynolds (Signed) _____, M. D.
(Address) Union Star, Mo

