

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.

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

Do not use this space.

1. PLACE OF DEATH

Lawrence City, Mo.

County Peirce

Township Peirce City

City

Registration District No.

471

Primary Registration District No.

4284

File No.

47625

Registered No.

41

St. Ward

2. FULL NAME

Un named (Peirce)

(a) Residence, No.

Peirce City, Mo.

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

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

Jan. 9 1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

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

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)

Peirce City, Mo.

FATHER

13. NAME

Unnamed John Pierce

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

New York

MOTHER

15. MAIDEN NAME

Agnes Cochran

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

Peirce City, Mo.

17. INFORMANT (ADDRESS)

Mrs. Agnes Cochran

18. BURIAL, CREMATION, OR REMOVAL

PLACE

City Cemetery

DATE

Jan 10, 1936

19. UNDERTAKER (ADDRESS)

William Wessell

20. FILED

Jan 10, 1936

E. B. Wright
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan. 9 1936

22. I HEREBY CERTIFY, That I attended deceased from

Still born

, 19... to... 19...

I last saw him alive on... 19... 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:

Prolonged labor and forceps delivery

Date of onset

Other contributory causes of importance:

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)

E. B. Wright
Peirce City, Mo.

, M. D.

(Address)

