SEP 15 1937

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

Do not use this space.

File No. 30175
Registered No. 902

1. PLACE OF DEATH

County: Buchanan — Registration District No. 8.1
Township: — Primary Registration District No. 1002
City: St Joseph (No. Missouri Methodist Hosp. St. ..... Ward)

2. FULL NAME Robert Lee Pierce

(a) Residence, No. ..... St. ..... Ward. DeKalb, Missouri
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 7 hours 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*): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 24 1867

7. AGE: Years 69 | Months 7 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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 1937
11. Total time (years) spent in this occupation: 45 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Richmond Kentucky

FATHER

13. NAME: Thomas Pierce
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown Kentucky

MOTHER

15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown unknown

17. INFORMANT (ADDRESS): Mrs R. L. Pierce DeKalb, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: DeKalb Mo DATE: Aug 21 1937

19. UNDERTAKER (ADDRESS): Heaton Begole + Bowman St Joseph Missouri

20. FILED: 8/20 1937 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 18 1937

22. I HEREBY CERTIFY, That I attended deceased from ✓ 1937, to ✓ 1937
I last saw him alive on viewed 8/18 1937. Death is said to have occurred on the date stated above, at 11:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Contusion of brain resulting from blow on head	
Homicide	

Other contributory causes of importance: 175

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? homicide Date of injury Aug 18 1937
Where did injury occur? DeKalb, Missouri (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place.
Manner of injury: Blow on head.
Nature of injury: Cerebral hemorrhage

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....

(Signed) B. W. Tadlock Coroner, M. D.
(Address) King Hill Bldg.

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.