

OCT 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County Sullivan

Township Penn

City Green City

Registration District No. 849

Primary Registration District No. 4073-

File No. 35498

Registered No. 61

2. FULL NAME Mary L. Pierce

(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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 10, 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>84</u>	<u>4</u>	<u>24</u>	

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

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) Monmouth Ill.  
(STATE OR COUNTRY)

13. NAME Abraham Bartholomew

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

15. MAIDEN NAME Sarah Myers

16. BIRTHPLACE (CITY OR TOWN) Warren Co. Ill.  
(STATE OR COUNTRY)

17. INFORMANT F. G. Pierce  
(ADDRESS) Green City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fair View DATE Oct. 6 1937

19. UNDERTAKER Glenn E. Kent  
(ADDRESS) Green City, Mo.

20. FILED Oct 9 1937 Virginia Gibson  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 4 1937

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... 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:

Anemia

She had no doctor in attendance

Other contributory causes of importance:

Got a fall last wednesday last had felt bad since

Name of operation none Date of .....

What test confirmed diagnosis? Phys. 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 She fell on cellar step  
Nature of injury no fracture

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

(Signed) F. G. Roberts Coroner, M. D.

(Address) Pollock, Mo.

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.

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