

DEC'D APR 15 1938

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

Do not use this space.

## 1. PLACE OF DEATH

1 County Adair

2 Township

2 City Kirksville, Mo. (No. 1)

Registration District No. 4

Primary Registration District No. 3001

File No. 9960

Registered No. 47

St. ( ) Ward ( )

## 2. FULL NAME Elmer Clyde Pierson 1025

(a) Residence, No. 1009 N. Franklin St. Ward.

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 M	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
-------------	-----------------------	---

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

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

11-22-1931

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, .....hrs. or .....min.

6

3

24

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)

Lamar, Missouri 0

MOTHER FATHER

13. NAME

Owen Pierson

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

Novinger, Mo 0

15. MAIDEN NAME

Veda Paulson

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

Kildare, Okla 1

17. INFORMANT (ADDRESS)

Owen Pierson  
Kirksville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

Novinger

DATE 3-17

19. UNDERTAKER (ADDRESS)

Dee Riley Funeral Home  
Kirksville, Mo.

20. FILED

Mar. 16, 1938 Spencer L. Freeman

Registrar. 3

## MEDICAL CERTIFICATE OF DEATH

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

3/16 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-12, 1938, to 3-16, 1938

I last saw him alive on 3-16, 1938. Death is said

to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Measles

3/1/38

Other contributory causes of importance

Bronchial Pneumonia 3/5/38

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? No

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? No

If so, specify.....

(Signed) J. Kemp, M.D., M. D.

(Address) Kirksville, 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.

1 X3314

