

DEC'D OCT 15 1938

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

31229
Do not use this space.

1. PLACE OF DEATH

(a) County Bachson Registration District No. 7
(b) Township Haw Primary Registration District No. _____ Registered No. 3526
(c) City H.C. (d) Street No. 6904 Chestnut St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 6904 Chestnut St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mabel Pierce
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 10-1894
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 7 28
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
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) Missouri 0

FATHER 13. NAME Unknown 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9

MOTHER 15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (NAME) Mrs Mabel Pierce
(ADDRESS) 6904 Chestnut

18. BURIAL, CREATION, OR REMOVAL PLACE Lawson Mo DATE Sept 9, 1938

19. FUNERAL DIRECTOR (NAME) A. C. Doherty
(ADDRESS) 1415 East 15

20. FILED Sept 8, 1938 M. M. Kroone
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7, 1938

22. I HEREBY CERTIFY, that I attended deceased from Aug 19, 1938 to Sept 7, 1938
I last saw him alive on Sept 6, 1938. Death is said to have occurred on the date stated above, at 8 P.M.

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

Organic Heart Disease
(a) Angina pectoris
(b) Coronary Occlusion

Date of onset

Other contributory causes of importance:

Cirrhosis of the Liver

Name of operation None 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? None 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) E. J. Monahan, M. D.

(Address) 311 Ave. 7th St. H.C. Mo

Res 4054 Brook LO-2430
Angels Way VT-1000

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.