

REC'D FEB 6 1939

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

2852

Do not use this space.

## 1. PLACE OF DEATH

(a) County Lewis Registration District No. 468  
 (b) Township 1 Primary Registration District No. 4281 Registered No. 33  
 (c) City Meriawille (d) Street No. \_\_\_\_\_ 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

Margaret Ann Pierce  
 (a) Residence, No. \_\_\_\_\_ 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 Female 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 J. W. Pierce  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15 1877  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
61 11 11  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
 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) Ma. Canal, Ill.  
 FATHER 13. NAME Josiah Forbes  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockford, Ill.  
 MOTHER 15. MAIDEN NAME Frances Bryant  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shurlock, Mo.  
 17. INFORMANT M. J. W. Pierce  
 (ADDRESS) Meriawille  
 18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Meriawille DATE Dec 27 38  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Bradford Funeral Home  
Meriawille, Mo.  
 20. FILED Jan 4 1939 Laura O. Connady  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26 1938  
 22. I HEREBY CERTIFY, That I attended deceased from Nov. 5 1938 to Dec. 26 1938  
 I last saw h. er. alive on Dec 23 1938 Death is said to have occurred on the date stated above, at 4 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Cirrhosis of Liver Date of onset 1 yr.  
arteriosclerosis  
 Other contributory causes of importance:  
arteriosclerosis  
 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? No  
 If so, specify \_\_\_\_\_  
 (Signed) Wayne M. Weaver, M. D.  
 (Address) Meriawille, Mo.

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**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 comply with the above constitutes grounds for revocation of license.)**

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