

REC'D APR 24 1939

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

9870
Do not use this space.

1. PLACE OF DEATH

(a) County Adair ² Registration District No. 1039
(b) Township Morrow ¹ Primary Registration District No. 5010 Registered No. 82
(c) City..... (d) Street No.....
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(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.

1220 Doris Elaine 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-20-1939
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
✓ ✓ ✓ ✓
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. ✓
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)

FATHER 13. NAME Mo. J. L. Pierce
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
MOTHER 15. MAIDEN NAME Rosa Mae Brown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS)

J. L. Pierce
Stahl, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Box Bay DATE 3/21 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS)

Glenn E. Kent
Green City, Mo.
20. FILED Mar 29 1939 Spencer L. Freeman
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 20, 1939

I HEREBY CERTIFY, That I attended deceased from March 20, 1939, 19.....
I last saw h..... alive on Stellhorn, 19..... Death is said to have occurred on the date stated above, at 7:45 p.m.
The principal cause of death and related causes of importance were as follows:

Stellhorn

Date of onset

Other contributory causes of importance:

Toxemia of Pregnancy.

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 of injury in any way related to occupation of deceased?.....
If so, specify no
(Signed) John Henry D. D.
(Address) Turkville

WRITE FULLY, WITH UNWAVERING INTEGRITY. 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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-494

Date Filed APR 11 1939

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.