

REC'D APR 24 1939

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

Do not use this space.

9899

## 1. PLACE OF DEATH

County *Andrain*Registration District No. *26*Township *Salt River*Primary Registration District No. *3002*City *Mexico mo*(No. *Andrain Hospital*)

St.

Ward)

## 2. FULL NAME

(a) Residence, No. *1021*

(Usual place of abode)

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.

St.

Ward.

*Moberly mo*

(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)

*April-2-1938*

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

*11**5*

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)

*Moberly mo*

MOTHER FATHER

13. NAME

*Roland Pierce*

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

*mo*

15. MAIDEN NAME

*Harrnett Ferrin*

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

*mo*

17. INFORMANT (ADDRESS)

*Roland Young medical mo*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Moberly MO* DATE *3-9-1939*

19. UNDERTAKER (ADDRESS)

*Mahan and Son Moberly mo*20. FILED *3-7-1939**Blanche Keely Registrar*

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-7-1939*

22. I HEREBY CERTIFY, That I attended deceased from

*3-7-1939*, to *3-7-1939*I last saw him alive on *3-7-1939*. Death is saidto have occurred on the date stated above, at *11:38* a.m.

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

Date of onset

*Stenocardia from some foreign of just the trachea.**3-7-39*

Other contributory causes of importance:-

*1942*Name of operation *none* Date ofWhat test confirmed diagnosis? *NO* 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? *Moberly mo*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

*home*Manner of injury *swallow unburnt object*Nature of injury *strangulation*24. Was disease or injury in any way related to occupation of deceased? *NO*If so, specify *NO*(Signed) *Paul E. Carl*, M. D.*23* (Address) *Mexico 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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RECEIVED

District Health Officer No. 10

District File Number 10-39-543

Date Filed APR 20 1939