

FEB 17 1940

Registration District No. 504

Primary Registration District No. 4307

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Linn 2
 (b) City or town Purdin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: XXXXXXXXXX
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution XXXXXX X
 (Specify whether
 In this community 52 years
 years, months or days) 625

3. (a) PRINT
FULL NAME

Goldie Payne Pierce

3. (b) If veteran,

name war XXX

3. (c) Social Security

No. XXXXXX

4. Sex

Female

5. Color or

race White6. (a) Single, married, divorced, Married

6. (b) Name of husband or wife

Jas. M. Pierce

6. (c) Age of husband or wife if

alive 58 years

7. Birth date of deceased

June 10
(Month)1887
(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

52715XXX

min.

9. Birthplace

Linn County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

Housewife

11. Industry or business

At home

12. Name

G. A. Chittum

13. Birthplace

West Virginia
(City, town, or county) (State or foreign country)

14. Maiden name

Julia Thurlo
(City, town, or county) (State or foreign country)

15. Birthplace

Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature

G. M. Pierce

(b) Address

Purdin, Missouri17. (a) Burial

(Burial, cremation, or removal)

(b) Date thereof

1/26/1940
(Month) (Day) (Year)

(c) Place: burial or cremation

Purdin Cemetery

18. (a) Signature of funeral director

Thorne Undertaking Co.(b) Address Linneus, Missouri19. (a) 2-1-40

(Date received local registrar)

U.C. Dryden

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn
 (c) City or town Purdin
 (If outside city or town limits, write "RURAL")
 (d) Street No. XXX - XXX
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25
 year 1940 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Oct 2, 1940
 _____, 19____, to Jan 25, 1940
 that I last saw him alive on January 25, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death

Bronchial Pneumonia

Duration

Due to

Cerebral hemorrhage

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

 (Specify type of place)

While at work?

(e) Means of injury

23. Signature Gilbert M. Thomas D.O.Address Purdin, Missouri Date signed _____

RECEIVED
District Health Officer No. 111
District File Number 240-129
Date Filed FEB 13 1940

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.....
(not embalmed)....., 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.