

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

Do not use this space.

16115

1928  
 1099  
 30

PLACE OF DEATH  
 County Boone Hospital 73  
 Townshp. Columbiamo Primary Registration District No. 5472  
 City Columbia (No. in City) 3006 Registered No. 73  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Minnie E. Pierce  
 (a) Residence. No. Columbia Mo. R. + O S St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

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.

**PERSONAL AND STATISTICAL PARTICULARS**

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 Isaac T. Pierce

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-18-1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. \_\_\_\_\_ min.  
59 | 2 | 6 | \_\_\_\_\_

8. OCCUPATION OF DECEASED Housewife  
 (a) Trade, profession, or particular kind of work  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Amox Co. Mo.  
 (STATE OR COUNTRY)

10. NAME OF FATHER E. S. Roseberg

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER M. E. Funk

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri  
 (STATE OR COUNTRY)

14. INFORMANT Isaac T. Pierce  
 (Address) Columbia Mo.

15. FILE 5-26, 1928 Patricia Greb REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 24 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 1 1928, to May 24 1928, that I last saw him alive on May 24 1928 and that death occurred, on the date stated above, at 46.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
bronchitis & tuberculosis  
following operation  
for Cancer of Antrum  
melastole vom Base (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

CONTRIBUTORY (SECONDARY) 44 B (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF May 20 28

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) Clayton Simpson, M. D.  
5/25, 1928 (Address) Columbia Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hurdland. Mo. Old Yellow  
 \_\_\_\_\_ UNDERTAKER B. F. Dater  
 DATE OF BURIAL 5-27 1928  
 ADDRESS Columbia Mo

