

DEC 11 1938

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

42322
Do not use this space.

1. PLACE OF DEATH
(a) County Boone Registration District No. 73
(b) Township Columbia Primary Registration District No. 5112
(c) City 1 (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 Isaac Thomas Pierce
(a) Residence, No. Route 6 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 9-1857
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 1 1
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. Farmer
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) E. Adams Co Illinois
13. NAME Isaac T Pierce
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
15. MAIDEN NAME Elizabeth Thomas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
17. INFORMANT Miss M H Sorrels
(ADDRESS) R 6
18. BURIAL, CREMATION OR REMOVAL PLACE Memorial Park Dec 11, 1938
19. FUNERAL DIRECTOR R. Q. Wilcox
(ADDRESS) _____
20. FILED 12/10/1938 Allie Selby
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 10th 1938
22. I HEREBY CERTIFY, That I attended deceased from April 10 1938 to Dec 10 1938
I last saw him alive on Dec 10 1938, Death is said to have occurred on the date stated above, at 7:15 A. P.M.
The principal cause of death and related causes of importance were as follows:
Chronic nephritis.
Chronic myocarditis.
Other contributory causes of importance: _____
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? _____
If so, specify _____ (Signed) Robert D. Simpson, M. D.
Columbia Mo.
74 (Address)

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-7-20-37 I X12804

STATEMENT BY LICENSED EMBALMER

Lynnan H. Sprinkle

Licensed Embalmer No. *4013*

hereby certify that the body recorded on the reverse side of this certificate was embalmed by *Arterial + Cavity*

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed *Lynnan H. Sprinkle*

Licensed Embalmer No. *4013*

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.)