

1 PLACE OF DEATH

County Jackson
 Township Kaw
 or
 Village
 or
 City Kas. City

Registration District No. 899
 Primary Registration District No. 1002
 (NO 209 West 16th St.)

CERTIFICATE OF DEATH

File No. 33861
 Registered No. 3711

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME William Ashford Pierce

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED married
 WIDOWED OR DIVORCED
 (Write the word)

6 DATE OF BIRTH Dec. II, 1865
 (Month) (Day) (Year)

7 AGE 49 yrs. II mos. 13 ds. If LESS than 1 day.....hrs. or.....min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work Buyer of wines 930
 (b) General nature of industry, business, or establishment in which employed (or employer) 928
923

9 BIRTHPLACE
 (City or town, State or foreign country) Mass.

PARENTS
 10 NAME OF FATHER E.C. Pierce
 11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Mass.
 12 MAIDEN NAME OF MOTHER Mary Baker
 13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Mass.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Anna E. Pierce
 (Address) 209 West 16th

15 NOV 26 1915 191
Paul Requien
 Registrar

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

3 MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 25, 1915
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov 4 1915 to Nov 13 1915
 that I last saw him alive on Nov 13 1915
 and that death occurred, on the date stated above, at 6 A. m.

18 CAUSE OF DEATH* was as follows:
Myocarditis + dilatation of heart
79
 (Duration)..... yrs. 4 mos. ds.

CONTRIBUTORY (Secondary) Central embolism + stroke
8 (Duration)..... yrs. 3 mos. ds.
 (Signed) R.T. Sloan M. D.
11-26 1915 (Address) Reels-Blitz

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death..... yrs..... mos..... ds. In the State..... yrs. 3 mos..... ds.
 Where was disease contracted if not at place of death?
 Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL Boston Mass DATE OF BURIAL Nov. 29th 1915
 20 UNDERTAKER Stine & McClure Co ADDRESS 924 Oak

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.

