

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.

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

1 PLACE OF DEATH

County Greene

Township _____

Village _____

City Springfield

Registration District No. 318

File No. _____

Primary Registration District No. 2001

Registered No. 720 7-17

(NO. 1918 Pierce St. _____ Ward)

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

2 FULL NAME Newton L. Pierce

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE White
5 ^{or was} MARRIED Married
WIDOWED
OR DIVORCED
(Write the word)

6 DATE OF BIRTH Jan 6, 1846
(Month) (Day) (Year)

7 AGE 70 yrs. 9 mos. 4 ds.
If LESS than 1 day.....hrs. or.....min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE Georgia
(City or town, State or foreign country)

PARENTS
10 NAME OF FATHER Wilson Pierce
11 BIRTHPLACE OF FATHER Don't know
(City or town, State or foreign country)
12 MAIDEN NAME OF MOTHER Don't know
13 BIRTHPLACE OF MOTHER Don't know
(City or town, State or foreign country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. W. Pierce
(Address) 1918 Pierce St.

15 NOV 25 1916
Filed _____ 1916
Edw. F. Jones
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 25, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov 23, 1916, to Nov 25, 1916, that I last saw him alive on Nov 24, 1916, and that death occurred, on the date stated above, at 1:15 a.m.

The CAUSE OF DEATH* was as follows:

Carcinoma of rectum
(Duration) 2 yrs. 4 mos. 1 ds.

CONTRIBUTORY (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.
(Signed) Arthur R. Knuth M. D.
Nov 25, 1916 (Address) 508 Euclid St.

*State the Disease Causing Death, or, in death 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. _____ mos. _____ ds.
Where was disease contracted if not at place of death?
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Hazelwood
DATE OF BURIAL NOV 25 1916

20 UNDERTAKER W.C. Lohmeyer
ADDRESS 305-W Walnut

