

JUN 24 1927

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

Do not use this space.
14187 ~~14186~~
File No. _____
Registered No. 413
St. _____ Ward _____

1. PLACE OF DEATH
County Buchanan Registration District No. 85
Township _____ Primary Registration District No. 1001
City St. Joseph, (No. Noyes Hospital)

2. FULL NAME Mary Ethel Pierce
(a) Residence. No. _____ St. _____ Ward _____ Worth, MO.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 7 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 3, 1884.
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
42 6

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

9. BIRTHPLACE (CITY OR TOWN) Gentry County,
(STATE OR COUNTRY) Missouri.

10. NAME OF FATHER John Pierce
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clinton Co,
(STATE OR COUNTRY) Missouri.
12. MAIDEN NAME OF MOTHER Emma C Quisenberry
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lanet Co,
(STATE OR COUNTRY) Kansas.

14. INFORMANT John C Pierce
(Address) Worth, MO.

15. FILED 5/5, 1927 John C Pierce
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 3. 1927.
17. I HEREBY CERTIFY, That I attended deceased from April 29, 1927, to May 3, 1927
that I last saw or alive on May 2, 1927, and that death occurred, on the date stated above, at 5/45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Ch. Endocarditis (Septic)
FOUR (duration) 7 mos. 4 mos. 6 da.
CONTRIBUTORY Shrouding + Gangrene
both legs (duration) 1 mos. da.

18. WHERE WAS DISEASE CONTRACTED Worth, Mo
IF NOT AT PLACE OF DEATH: _____
DID AN OPERATION PRECEDE DEATH? No. DATE OF _____
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Chloral
(Signed) N. S. ... M. D.
May 3, 1927 (Address) Footle Bluffs

*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 Worth, Mo.
DATE OF BURIAL May 11 1927

20. UNDERTAKER A. C. ...
ADDRESS 1802 ...

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.

