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.

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

Do not use this space.

28784

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 28784

Township ..... Primary Registration District No. 1003 Registered No. 8264

City St. Louis (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Lawson Pierce

(a) Residence. No. 4336 St. Ferdinand 11 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Col.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Gertie Pierce

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 24, 1900

7. AGE: Years 28 | Months 3 | Days 17 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Stanton Pierce
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): La.
12. MAIDEN NAME OF MOTHER: Alice Jackson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): La.

14. INFORMANT: Anna F. Woodard
(Address) City Hospital #2

15. FILED 11 19 Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 11, 1928

17. I HEREBY CERTIFY, That I attended deceased from 8-11-28-1:15 AM, to 8-11-28-12 PM 19 that I last saw him alive on 8-11-, 1928, and that death occurred, on the date stated above, at 12:00 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Epilepsy (Grand Mal)
8-178
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) T. E. Cunningham, M. D
, 19 (Address) 2945 Lawton

*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: Father Dickson
DATE OF BURIAL: 8-15-1928

20. UNDERTAKER: C. J. Gates
ADDRESS: 4107 Finney