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

Do not use this space.

409

1. PLACE OF DEATH
County Butler co. Registration District No. 89 File No.
Township Poplar Bluff Primary Registration District No. 5131 Registered No. B
City Poor Farm (No. St. Ward)

2. FULL NAME Cora Pierce
(a) Residence. No. County Inmate St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dont Know
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1880 Estimated
7. AGE 48 YEARS Estimated MONTHS DAYS If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) Belmont Ill.
(STATE OR COUNTRY)
PARENTS
10. NAME OF FATHER Gus Ingram
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill.
(STATE OR COUNTRY) Belmont Ill
12. MAIDEN NAME OF MOTHER Hannah
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill.
(STATE OR COUNTRY)
14. INFORMANT Roy Forest
(Address) Kellyville Butler co.
15. FILED 1/31, 1928 Dr B J Clay REGISTRAR

MEDICAL CERTIFICATE OF DEATH 29

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 2 1928
17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1927, to Jan 2, 1928 that I last saw her alive on Dec 28, 1929, and that death occurred, on the date stated above, at 2 P m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic Bronchitis
92 A
106 B
(duration) 3 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Mitral insufficiency
(duration) 1 yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) I N Barnett, M. D
Jan 2, 1928 (Address) Poplar Bluff Mo

*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 Walnut Hill
DATE OF BURIAL Jan 3 1928
20. UNDERTAKER N T Phelps
ADDRESS Poplar Bluff Mo

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.

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