

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

Do not use this space.

7002

**1. PLACE OF DEATH**

County Johnson Registration District No. 427 File No. \_\_\_\_\_  
 Township Madison Primary Registration District No. 4283 Registered No. 9  
 City Holden (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Lillie Monora Pierce  
 (a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 61 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>		4. COLOR OR RACE <u>White</u>		5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>J. H. Pierce</u>					
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 25 - 1855</u>					
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ____ hrs. or ____ min.	
	<u>73</u>	<u>3</u>	<u>26</u>		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (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) <u>Ohio</u>					
PARENTS	10. NAME OF FATHER <u>David Harlan</u>				
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>				
	12. MAIDEN NAME OF MOTHER <u>Martha Caldwell</u>				
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>				

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 19 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 7, 1929, to Feb. 19, 1929, that I last saw her alive on Feb. 18, 1929, and that death occurred, on the date stated above, at 5:45 A. M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pneumo-pneumonia  
107A  
 (duration) yrs. mos. da. 20 da.

CONTRIBUTORY (SECONDARY) 100A  
 (duration) yrs. mos. da.

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) J. A. Murray, M. D.  
2/20/1929 (Address) Holden, 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.

14. INFORMANT (Address) <u>Miss Minnie Harlan</u> <u>Holden Mo</u>	19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Holden Cemetery</u>	DATE OF BURIAL <u>Feb 21 1929</u>
15. FILED <u>2/21, 1929</u> <u>G. W. Harris</u> REGISTRAR	20. UNDERTAKER <u>M. Goodman</u>	ADDRESS <u>Holden Mo</u>

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

51  
23  
23  
23  
1929

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.

