532

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

Do not use this space.

20737

JUL 23 1929

1. PLACE OF DEATH

County Buchanan — Registration District No. ..... — File No. .....

Township ..... — Primary Registration District No. ..... — Registered No. 735

City St. Joseph Mo (No. State Hosp. #2 St. ..... Ward)

2. FULL NAME Pauline Pierson

(a) Residence. No. ..... St., ... Ward. Kansas City Mo. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 3 mos. 26 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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: Not Known

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 7 1903

7. AGE: 26 Years — 3 Months — 3 Days — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Inmate State Hosp #2
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN): Tibbetts
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: William Pierson
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Not Known
(STATE OR COUNTRY): Not Known
12. MAIDEN NAME OF MOTHER: Anna Smith
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Tibbetts
(STATE OR COUNTRY): Missouri

14. INFORMANT: State Hosp Records
(Address): St. Joseph Missouri

15. FILED 11 1929 — John G. Utz, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 11 1929

17. I HEREBY CERTIFY, That I attended deceased from February 15, 1929, to June 11, 1929, that I last saw her alive on June 11, 1929, and that death occurred, on the date stated above, at 10 34 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Encephalitis Lethargica
17 23
(duration) 6 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): none
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Kansas City Missouri
(1) DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Findings
6/11 (Signed) C. O. Dewey, M. D
(Address) State Hosp. #2

*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: Kansas City Mo — DATE OF BURIAL: June 14 1929

20. UNDERTAKER: H O Sidenfaden — ADDRESS: 1802 Union