

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

Do not use this space.

444-1

1. PLACE OF DEATH

County Henry
Township Johnson
City Wilcox (No. _____)

Registration District No. 311
Primary Registration District No. 3433

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Melvin 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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♂ 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) HUSBAND OF (OR) WIFE OF William G. Pierce

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov - 14 - 1899

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	80	9	11	

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) Merier Co. Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Drayes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mo.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

14. INFORMANT Mrs. Ida B. B. B.
(Address) St. Louis, Mo.

15. FILED 1/6 1930 REGISTRAR W. C. Wilcox

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 5 - 1930

17. I HEREBY CERTIFY, That I attended deceased from _____, 1930, to _____, 1930, that I last saw him alive on Jan 5, 1930 and that death occurred, on the date stated above, at 10:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Infarction of the heart
Old age (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY)

(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED at Rose Hotel
IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE ANY TOXICOPSY? no

WHAT TESTS CONFIRMED DIAGNOSIS? None
(Signed) W. C. Wilcox M. D.

1930 (Address) St. Louis, 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 Carmack Cemetery DATE OF BURIAL 1/7 1930

20. UNDERTAKER Robert H. Phillips ADDRESS St. Louis, 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.

WHITE PLAIN, MO. ORDERING INFORMATION

APR 28 1930

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Dr. C. N. Sullivan