

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

Do not use this space.

27065

1. PLACE OF DEATH

County Gasper Co Registration District No. 411 File No. _____
 Township _____ Primary Registration District No. 2012 Registered No. _____
 City Joplin (No. St. J. Freeman Hospital) Ward _____

2. FULL NAME

(a) Residence. No. Gen. Del. Post Office No. (If nonresident give city or town and State)
 (Usual place of abode) _____
 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. ~~Is Married, Widowed, or Divorced~~
 (or) HUSBAND OF _____
 (or) WIFE OF John Pierce

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 12 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 | 1 | 4

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) own home
 (c) Name of employer none

9. BIRTHPLACE (CITY OR TOWN) Gasper Co.
 (STATE OR COUNTRY) Missouri

10. NAME OF FATHER N. J. Williams

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

12. MAIDEN NAME OF MOTHER Jane Stone

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

14. INFORMANT Mrs. Josephine Nichols
 (Address) Galena, Mo.

15. FILED Aug 30 1930 A. Benson Clark
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 16 1930

17. I HEREBY CERTIFY, That I attended deceased from 8/15 30 to 8/16 30
 that I last saw him alive on 8/16 30, and that death occurred, on the date stated above, at 9:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Surgical Shock,
1393
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Abcess right ovary,
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRAICTED
 IF NOT AT PLACE OF DEATH: _____

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF 8/16/30

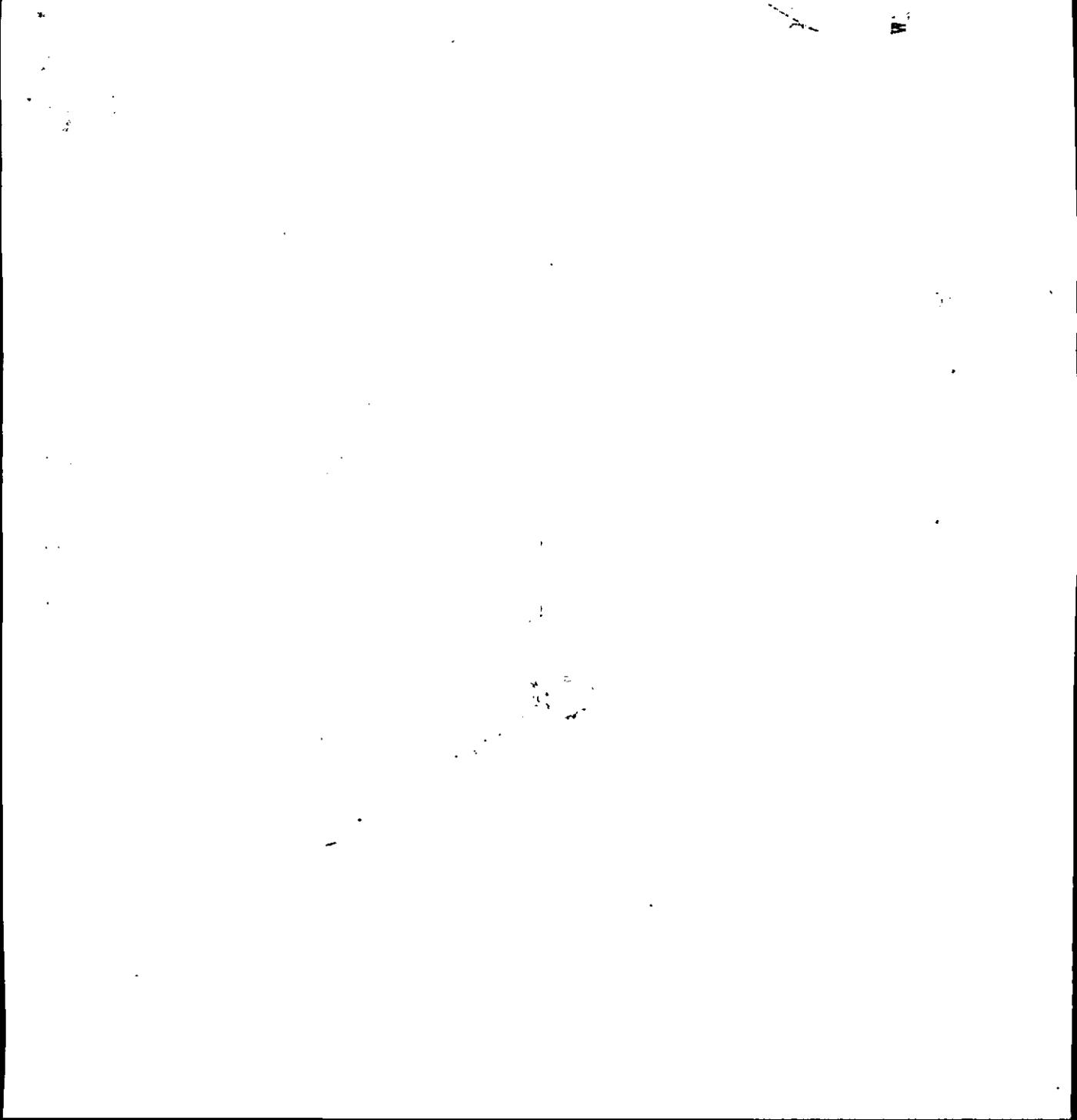
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Microscopic
 (Signed) H. Scherer, M.D.
8/17 30 (Address)

*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 Hillcrest DATE OF BURIAL 8-19 1930

20. UNDERTAKER P. M. Clark ADDRESS Galena, Mo.



cated by check marks, lacking from the death certificate:

Name: Mrs Gladys Pierce

Who died at: Joplin Mo. on Aug. 16, 1930,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

CAUSE OF DEATH: Surgical Shock

Contributory: Abscess right Ovary

Where was disease contracted? _____

Did operation precede death? _____ Date of _____

Was there an autopsy? _____ What test confirmed diagnosis? _____

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