

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

Do not use this space.

35914 Dr. e. F. Light

1. PLACE OF DEATH

County Greene

Registration District No. 324

File No.

Township Robberson

Primary Registration District No. 5449

Registered No. 12

City Brighton, Mo. (No. 2 - Brighton, Mo.)

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. Rt. 2 - Brighton, Mo. Ward _____

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 25 - 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 11 5

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(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) Georgia

10. NAME OF FATHER M. J. Pierce

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT (Address) Sherman Pierce Brighton, Mo.

15. FILED Nov 30 - 1930 Mae Lambert REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 30 - 1930

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____, 10 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma mouth
45C (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) 43 (duration) _____ yrs. _____ mos. _____ ds.

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

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) E. B. Light, M. D.
12/30/30 (Address) 164 E. Con'l

*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 Hoselywood DATE OF BURIAL Dec. 2 - 1930

20. UNDERTAKER Elma Lammeyer ADDRESS 534 Strauc
Funeral Home

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.

DEC 49 1930

RECORD IS A PERMANENT RECORD

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