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.

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

Do not use this space.

23939

1. PLACE OF DEATH
County Shannon — Registration District No. 822 — File No.
Township Birch Tree — Primary Registration District No. 6071 — Registered No. 4
City (No. , St. Ward)

2. FULL NAME Ellen May 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 F
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Marvin Pierce
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1861
7. AGE YEARS 70 MONTHS 3 DAYS 18 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housekeeping
10. Date deceased last worked at this occupation (month and year) 1928
11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ~~Alabama~~ Mo

FATHER
13. NAME James B Lewis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

MOTHER
15. MAIDEN NAME Anna Fullwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Mrs Walter Webb Birch Tree Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Corinth Cemetery DATE June 30, 1931
19. UNDERTAKER (ADDRESS) D. B. Shelly Birch Tree Mo
20. FILED , 19 R. I. Davis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1931
22. I HEREBY CERTIFY that I attended deceased from June 20, 1928 to June 29, 1931
I last saw her alive on June 29, 1931. Death is said to have occurred on the date stated above, at 1020 p m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	1928
82 A	

Other contributory causes of importance:

82 A

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) R. I. Davis, M. D.
(Address) Birch Tree Mo