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

Do not use this space.

37484

1. PLACE OF DEATH
County Pickory
Township Meadow Lea
City ..... (No. ..... St. ..... Ward)

Registration District No. 359
Primary Registration District No. ~~4212~~ 5504

File No. 24
Registered No. .....

2. FULL NAME Charles Isaiah Pierce

(a) Residence. No. Humansville Mo. 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.

DEC 28 1931

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 12 - 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	63	8	21	

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) Cedar Co. Iowa

PARENTS

10. NAME OF FATHER James Pierce
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio ?
12. MAIDEN NAME OF MOTHER Martha Gifford
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dont Know Iowa ?

14. INFORMANT Mrs Addie Pierce
(Address) Greenwood Mo

15. FILED Nov 2, 1931 C. R. Hardy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 2 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov, 1930, to Nov 2, 1931, that I last saw h. alive on Nov 1, 1931, and that death occurred, on the date stated above, at 8:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Anterior Poliomyelitis
(duration) ..... yrs. 6 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Paralysis of diaphragm
(duration) ..... yrs. ..... mos. 5 ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Sym
(Signed) R. L. Nevins, M. D.
Nov 2, 1931 (Address) Humansville 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	DATE OF BURIAL
Sanders Cemetery	Nov 3 1931
20. UNDERTAKER	ADDRESS
L. A. Joseph	Humansville Mo

By Dr Nevins