

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

Do not use this space.

1. PLACE OF DEATH
 65 County Merced Registration District No. 556
 2 Township Morgan Primary Registration District No. 4328
 2 City Princeton (No., St. Ward)
 2 FULL NAME Luinda 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.

File No. 1798
 Registered No. 5

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26 1933
 7. AGE YEARS 98 MONTHS 9 DAYS 12 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. house maker
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo
 13. NAME Thomas Pierce
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Mo
 15. MAIDEN NAME Williamson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown
 17. INFORMANT Mrs M. J. Fox (ADDRESS) Princeton Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Princeton DATE Jan 10 1932
 19. UNDERTAKER Martin Funeral Home (ADDRESS) 118
 20. FILED 118 1932 J M Perry Registrar.

MEDICAL CERTIFICATE OF DEATH

3
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8 1932
 22. I HEREBY CERTIFY, That I attended deceased from Jan 6 1932, to Jan 8 1932
 I last saw h. alive on Jan 8 1932. Death is said to have occurred on the date stated above, at 9:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Heart Attack Date of onset 1/6-32
High Blood Pressure 5 yrs
94A
95A 94A
 Other contributory causes of importance:
Senility
162 (1)
 Name of operation miss Date of
 What test confirmed diagnosis? miss Was there an autopsy? no
 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? no
 If so, specify
 (Signed) H. W. Stary M. D.
118-32 (Address) Princeton Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

W.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.

FEB 24 1932

