

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.

JUL 23 1932

4426-1

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

Do not use this space.

4426-A

1. PLACE OF DEATH

County Harrison

Registration District No. 341

File No. \_\_\_\_\_

Township \_\_\_\_\_

Primary Registration District No. 4204

Registered No. 1

City Ridgeway (No. \_\_\_\_\_)

St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

James Morton 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 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 24, 1922</u>			
7. AGE YEARS <u>9</u>	MONTHS <u>6</u>	DAYS <u>11</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>School, grade</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>student</u>		
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____ X		
12. BIRTHPLACE (CITY OR TOWN) <u>Ridgeway</u> (STATE OR COUNTRY) <u>Missouri</u>			
FATHER	13. NAME <u>Henry Pierce</u>		
	14. BIRTHPLACE (CITY OR TOWN) <u>Ridgeway</u> (STATE OR COUNTRY) <u>Missouri</u>		
MOTHER	15. MAIDEN NAME <u>Jessie Cook</u>		
	16. BIRTHPLACE (CITY OR TOWN) <u>Earleville</u> (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT <u>Henry Pierce</u> (ADDRESS) <u>Ridgeway, Missouri</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ridgeway, Mo</u> DATE <u>Feb 6</u> 19 <u>32</u>			
19. UNDERTAKER (ADDRESS) _____			
20. FILED _____ 19 _____			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5, 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1932, to Feb 5, 1932. I last saw him alive on Feb 5, 1932. Death is said to have occurred on the date stated above, at 2:40 P. M. The principal cause of death and related causes of importance were as follows:  
Diphtheria  
Date of onset 19

Other contributory causes of importance: 10

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) Lew Brewster, M. D.  
(Address) Ridgeway, Mo.

Registrar. \_\_\_\_\_

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Harrison  
Township Edgeway  
City Edgeway (No. ....)

Registration District No. 341  
Primary Registration District No. 4204

File No. ....  
Registered No. 1  
St. .... Ward)

**2. FULL NAME**

(a) Residence No. .... St. .... Ward. ....  
(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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.

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

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

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

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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)

MOTHER FATHER  
13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED Feb 6 1932 Lea Brewer Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 1932

22. I HEREBY CERTIFY, That I attended deceased from ... to ... 19...

I last saw h. .... alive on ....., 19..... Death is said to have occurred on the ....., at .....

The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

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) ..... , M. D.  
(Address) .....

**SUPPLEMENTARY**

REGISTRAR SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.  
Cause of death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.  
Physicians should state EXACTLY CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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