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.

MAY 23 1932

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

Do not use this space.

1. PLACE OF DEATH
4 County Audrain — Registration District No. 24 — File No. 11488
2 Township Prairie — Primary Registration District No. 4018 — Registered No.
3 City Laddonia Mo (No. ..... St. ..... Ward)

2. FULL NAME Nancy Phelinda Pierce

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
4. COLOR OR RACE: White
5. SINGLE, ~~MARRIED~~, WIDOWED OR DIVORCED (*write* the word): Divorced

5A. IF MARRIED, ~~WIDOWED~~, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF G. W. Pierce

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 26-1855

7. AGE: Years 76 | Months 5 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED Retired
(a) Trade, profession, or particular kind of work Hotel Keeper
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) Rock Island 2
(STATE OR COUNTRY) Ill.

PARENTS
10. NAME OF FATHER Fredrick Dresser
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) N Y
12. MAIDEN NAME OF MOTHER Mary Ann Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) N Y

14. INFORMANT Mrs Dick Lake
(Address) Laddonia Mo

15. FILED 4-24 1932 W. K. McCall REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 23 1932

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1932, to April 23, 1932 that I last saw her alive on April 22, 1932 and that death occurred, on the date stated above, at 3.30 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
94A
127B
(duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) Cholecystitis
(duration) One yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Place of death
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF 0
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical signs
(Signed) W. K. McCall, M. D
4-23, 1932 (Address) Laddonia 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: Frankford Mo. — DATE OF BURIAL: April 25 1932

20. UNDERTAKER: H. G. Grainger — ADDRESS: Laddonia Mo.