

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

Do not use this space.

32968

1. PLACE OF DEATH

69 County Monroe Registration District No. 581
 3 Township Monroe Primary Registration District No. 4343
 2 City Monroe City (No. 301 St. Chestnut Ward) 1

2. FULL NAME

Susan F. Pierceall
 (a) Residence, No. 301 Chestnut St. 1 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 10 yrs. 4 mos. 4 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) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 2
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 29 / 1847
 7. AGE YEARS 85 MONTHS 8 DAYS 20 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home 82A
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 11 1/2

12. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Monroe Co. Missouri
 13. NAME Eliza Yeager
 14. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Kentucky
 15. MAIDEN NAME Elizabeth Simms
 16. BIRTHPLACE (CITY OR TOWN, STATE OR COUNTRY) Kentucky
 17. INFORMANT Mrs. W. B. Vanmarter
 (ADDRESS) Monroe City Mo.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Stephens Cemetery DATE Oct 20 / 1932
 19. UNDERTAKER Wilson & Son
 (ADDRESS) Monroe City Mo.
 20. FILED 10-19 1932 O. W. Wilson Registrar.
Deputy

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 18 / 1932
 22. I HEREBY CERTIFY, That I attended deceased from March 15 1932 to Oct 18 1932
 I last saw her alive on Oct 18 1932. Death is said to have occurred on the date stated above, at 9:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Septicemia Pneumonia
due to prolonged respiration which resulted from cerebral hemorrhage that resulted in hemiplegia
 Date of onset 9-20-32
 Other contributory causes of importance:
due to prolonged respiration, long cerebral hemorrhage which resulted in hemiplegia

Name of operation _____ Date of _____
 What test confirmed diagnosis? (3) 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? No
 If so, specify _____
 (Signed) J. S. Ecker M. D.
 (Address) Monroe City Mo.

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.

NOV 25 1932

