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.

JUN 21 1933

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

Do not use this space.

1. PLACE OF DEATH
County Clay — Registration District No. 198 — File No. 16027
Township Fishing River — Primary Registration District No. 3011 — Registered No. 77
City Ex Celsior Springs (No. Kimble St. Ward)

2. FULL NAME Cornelia A. Pierce
(a) Residence, No. 518 Kimble St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Douglas ~~Joseph Allen~~ Pierce
6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 23, 1858
7. AGE: YEARS 74 MONTHS 4 DAYS 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home.
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): Buchanan Co.

FATHER
13. NAME: Joel Gravle.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio.

MOTHER
15. MAIDEN NAME: Deliah, Seal
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Harrisburg Penn.

17. INFORMANT (ADDRESS): F. B. Peterman, Ex Celsior Springs, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Davis Chapel DATE May 21, 1933
19. UNDERTAKER (ADDRESS): Herbert Hope, Ex Celsior Springs.
20. FILED May 21, 1933 Y. D. Craven, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 20, 1933
22. I HEREBY CERTIFY, That I attended deceased from May 15, 1933, to May 20, 1933
I last saw her alive on May 20, 1933. Death is said to have occurred on the date stated above, at 3:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fall down Stairs way	5-15
Fracture right leg	
Just Vetus Known	
Ex Concussion of Brain	
186A	
1940	

Other contributory causes of importance: 186A

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? Accident Date of injury 5-15, 1933
Where did injury occur? at her home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. home
Manner of injury Concussion of Brain
Nature of injury from Fall down Stairs

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) C P Bartley, M. D.
(Address) Ex Springs Mo