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 10 1933

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

Do not use this space. 32217

1. PLACE OF DEATH

County Buchanan — Registration District No. 81 — File No.

Township Bloomington, — Primary Registration District No. 5122 — Registered No. 10

City (No. 2 1/2 Miles East, DeKalb, Mo. St. Ward)

2. FULL NAME Gertrude Katherine Pierce,

(a) Residence, No. 2 1/2 M. East, DeKalb, Mo. 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.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1st. 1913

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
20	2	12	

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. Invalid,
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 County, Missouri,

FATHER

13. NAME Robert Lee Pierce,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky,

MOTHER

15. MAIDEN NAME Cora Adams,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte County, Missouri,

17. INFORMANT (ADDRESS) Robert Lee Pierce R.F.D. # 2, DeKalb, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE Oct. 15, 1933

19. UNDERTAKER (ADDRESS) Heaton B. Gale & Bowman 319 So. 10th. St. Funeral Home

20. FILED 10/14 1933 J. W. McAdow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 13th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Mar 1st, 1933, to Oct 13, 1933

I last saw her alive on Oct 13, 1933. Death is said to have occurred on the date stated above, at 4:00 p.m.

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

Pulmonary Tuberculosis — Date of onset Mar 1933

23A

Other contributory causes of importance:

Name of operation — Date of —

What test confirmed diagnosis? Usual test 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) E. B. McAdow, M. D.

(Address) DeKalb Mo