

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

Do not use this space.

1. PLACE OF DEATH

County Adair
Township Shublett
City Shublett (No. _____)

Registration District No. 804
Primary Registration District No. 6049
St. _____ Ward _____

File No. 19345
Registered No. _____

2. FULL NAME

(a) Residence, (b) (Usual place of abode) Shublett, Mo. St. _____ Ward _____

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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ruby Piercey</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-5-1849</u>				
7. AGE	YEARS <u>84</u>	MONTHS <u>6</u>	DAYS <u>28</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>Farmer</u>			
	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	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3, 1934

22. I HEREBY CERTIFY That I attended deceased from June 3, 1934 to June 3, 1934. I first saw him alive on June 3, 1934. Death is said to have occurred on the date stated above, at 1:30 p.m.

The principal cause of death and related causes of importance were as follows:
Shock surgical and strangulated hernia (inguinal type) outside Date of onset May 30
1220
Other contributory causes of importance:
peritonitis (local), intestinal obstruction from strangulation

Name of operation herniaotomy Date of June 3
What test confirmed diagnosis? _____ 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? Yes
If so, specify hernia produced by heavy farm labor
(Signed) W. M. Bell M. D.
(Address) Fairview Mo

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Morehead Co. Ky.</u>
	13. NAME <u>Blake Piercey</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russell Co. Ky.</u>
	15. MAIDEN NAME <u>Elizabeth Triplett</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Russell Co. Ky.</u>
	17. INFORMANT (ADDRESS) <u>Mrs. Nancy Thorn</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Methodist Church</u> DATE <u>6-5-1934</u>	
19. UNDERTAKER (ADDRESS) <u>Dee Riley</u>	
20. FILED <u>June 5</u> , 19 <u>34</u> <u>Mr. O. K. Krumpton</u> Registrar.	

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 27 1934

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