SEP 13 1934

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

Do not use this space.

28906

1. PLACE OF DEATH
County Gentry
Township Huggins
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 309
Primary Registration District No. 5428

File No. .....
Registered No. 49

2. FULL NAME Lemuel Leonard Pierce
(a) Residence, No. ..... 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 M.
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF ~~MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Fannie Pierce
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-16-1882
7. AGE YEARS 51 MONTHS 9 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) 1931
11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co. Md

FATHER
13. NAME W. T. Pierce
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Md

MOTHER
15. MAIDEN NAME Melvina Drogool
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Md

17. INFORMANT (ADDRESS) Mrs. Fannie Pierce Stanberry R.R.H.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Huggersville DATE 8/29 1934
19. UNDERTAKER (ADDRESS) Latoy F. Phillips Stanberry
20. FILED 8/28 1934 W. T. Morley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28, 1934
22. I HEREBY CERTIFY, That I attended deceased from April 15, 1934 to Aug 28, 1934
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 11:20 a.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
Date of onset
Other contributory causes of importance:
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? ..... 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? .....
If so, specify .....
(Signed) Jas. A. Tonchitt, M. D.
(Address) Stanberry, 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.

Dr Jas. G. Crockell