

JUN 26 1935

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

Do not use this space.

1. PLACE OF DEATH

County Pemiscot
Township Yukon
City Steubenville (No. 2)

Registration District No. 655
Primary Registration District No. 587V

File No. 10085-2
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(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 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) 5-16-1922

7. AGE YEARS 12 MONTHS 10 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
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) Steubenville, Mo

MOTHER 13. NAME Calie Albert Piercy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson, Tenn

15. MAIDEN NAME Daric Russel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Steubenville, Mo

17. INFORMANT (ADDRESS) Calie Piercy, Steubenville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Coleman DATE 3-20-35

19. UNDERTAKER (ADDRESS) German Undert Co, Steubenville, Mo

20. FILED 6/1/35 1935 May 7 1935 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-19-35

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1935, to March 19, 1935. I last saw her alive on March 18, 1935. Death is said to have occurred on the date stated above, at 8 a.m.

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

Lobar Pneumonia Date of onset 3/12/35

Other contributory causes of importance: none

Name of operation _____ Date of _____

What test confirmed diagnosis? Chemo 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? _____

If so, specify James P. Vickrey, M. D.

(Address) Steubenville, Mo

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.

