

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

Do not use this space.

6660

MAR 23 1936

1. PLACE OF DEATH

County Lin
Township Brookfield
City Brookfield (No. _____)

Registration District No. 496
Primary Registration District No. 3025-

File No. _____
Registered No. 10 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Brookfield Hospital St. _____ Ward _____
(Usual place of abode)

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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>George H. Pierce</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 15 - 1898</u>		
7. AGE	YEARS <u>38</u>	MONTHS <u>0</u>
	DAYS <u>17</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>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>—</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Jan 20 1936</u>	11. Total time (years) spent in this occupation <u>15 1/2</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
FATHER	13. NAME <u>Donn Know</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Donn Know</u>	
MOTHER	15. MAIDEN NAME <u>Donn Know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Donn Know</u>	
17. INFORMANT (ADDRESS) <u>George H. Pierce</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dr. Michael</u>	DATE <u>July 4 1936</u>	
19. UNDERTAKER (ADDRESS) <u>Hunter & Allison</u>	<u>Brookfield Mo</u>	
20. FILED <u>March 7 1936</u>	<u>Y. Shukoa, M.D.</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 2 1936

22. I HEREBY CERTIFY, That I attended deceased from 1-30, 1936, to 2/2, 1936.
I last saw him alive on 2/2, 1936. Death is said to have occurred on the date stated above, at 4:10 p.m.
The principal cause of death and related causes of importance were as follows:
Auto Injuries

Date of onset 8 hrs.

Other contributory causes of importance:
Shr. St. Vit. Deficiency 6 mos.
Gingivitis 2 da.

Name of operation Upper Jaw Date of 1-24-36
What test confirmed diagnosis? of teeth Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury no, 1936
Where did injury occur? no
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify no
(Signed) J. M. Lee, M. D.
(Address) Brookfield, 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.

