

APR 21 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

11377

1. PLACE OF DEATH

County Lawrence Registration District No. 470
Township Mt Vernon South Primary Registration District No. 3699
City Mt Vernon Mo RFD

File No. _____
Registered No. 24
St. _____ Ward _____

2. FULL NAME

Martha Eleanor Pierson
(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 yr 30 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBANDS OF (OR) WIFE OF William J. Pierson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 29 - 1845

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hr. or _____ min.
90 3 7

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. X

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) Illinois

13. NAME Viola Tompkins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

15. (Maiden Name) (not known) Carroll

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

17. INFORMANT Frank Pierson
(ADDRESS) Mt Vernon Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE 1007 DATE March 8 1936

19. UNDERTAKER Geo Bon
(ADDRESS) Mt Vernon Mo

20. FILED March 8 1936 P. A. Holmes
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25 1936, to March 6 1936

I last saw h. alive on March 5 1936. Death is said to have occurred on the date stated above, at 345A m.

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

Influenza Date of onset 2-25-36

Other contributory causes of importance: 110

Bronchial Pneumonia 2-28-36

Name of operation _____ Date of _____

What test confirmed diagnosis? Cholesterol 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) P. A. Holmes, M. D.
(Address) Mt. Vernon

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.

