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

Do not use this space.

11449

MAR 23 1936

1. PLACE OF DEATH
County Linn
Township Locust Creek
City County Infirmary (No. ..... St. ..... Ward)

Registration District No. 501
Primary Registration District No. 5666

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

2. FULL NAME Bard B. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF XXXXXXXXXXXXXXXXXXXXXXXX

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8 1888

7. AGE: Years 57 | Months 10 | Days 26 | 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. .....
10. Date deceased last worked at this occupation (month and year) 1934
11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) Purdin
(STATE OR COUNTRY) Missouri

FATHER
13. NAME David Pierce
14. BIRTHPLACE (CITY OR TOWN) Purdin,
(STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Van Bebber
16. BIRTHPLACE (CITY OR TOWN) Linn County
(STATE OR COUNTRY) Missouri

17. INFORMANT Jim Pierce
(ADDRESS) Purdin, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pierce Cemetery DATE 3/6/1936, 19..

19. UNDERTAKER Thorne Undertaking Co.
(ADDRESS) Linneus, Missouri.

20. FILED 3-7, 1936 J. W. Webb
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4th 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1936, to March 3, 1936.
I last saw him alive on March 3, 1936. Death is said to have occurred on the date stated above, at 8:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chr valvular Disease	?

Other contributory causes of importance:
chr myocarditis.

Name of operation ..... Date of .....
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? no 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) C. W. Pendleton, M. D.
(Address) Brookfield.

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.

100M-11-24-33