

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

Do not use this space.

JUL - 23233  
22 1936

**1. PLACE OF DEATH**

County Jasper Registration District No. 408  
 Township McLain Primary Registration District No. 329  
 City Carthage (No. McLain Brook Hospital St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Charles Elbert 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) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Iva Pierce

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 26, 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
41      2      10

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail carrier  
 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) Medford, Mo.

FATHER  
 13. NAME James Pierce

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buffalo, Missouri

MOTHER  
 15. MAIDEN NAME Lucy Motherhead

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

17. INFORMANT Iva Pierce (ADDRESS) Carthage, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Powers Cemetery DATE June 7, 1936

19. UNDERTAKER (ADDRESS) Thurman Undertaking Co., Jasper, Mo.

20. FILED June 7, 1936 R. D. Clinton Registrar.

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, that I attended deceased from Mar 21, 1936 to June 6, 1936

I last saw him alive on June 6, 1936 Death is said to have occurred on the date stated above, at 9:20 a.m.

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

Acute Lymphatic Leukemia Date of onset Dec 1935

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Biopsy 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) Royd B. Clifton, M. D.  
 (Address) Carthage, 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.

