

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township _____
City Clayton, Missouri (No. 7475 York Drive)

Registration District No. 790
Primary Registration District No. 6033^a

File No. 27979
Registered No. 293
St. _____ Ward _____

2. FULL NAME Fanny Gillham Pierce

(a) Residence, No. 7475 York Drive 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 Female 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 Rueben Edward Pierce

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 1, 1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>76</u>	<u>2</u>	<u>27</u>		

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Wanda
(STATE OR COUNTRY) Illinois

13. NAME Ryderus Clark Gillham

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

15. MAIDEN NAME Emily Springer

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

17. INFORMANT Mrs Charles T. Hahn
(ADDRESS) 7475 York Drive

18. BURIAL, CREMATION, OR REMOVAL PLACE Edwardsville, Ill DATE July 31, 1936

19. UNDERTAKER C. P. Tipton and Son
(ADDRESS) 4449 Olive St

20. FILED 7/30/36 Dr. A. J. Signorelli
Jul 28 1936 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from February 9, 1935 to July 28, 1936

I last saw him alive on July 28, 1936. Death is said to have occurred on the date stated above, at 9:55 a.m.

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

Heart exhaustion Date of onset 7-28-36

Other contributory causes of importance:
Arterio-sclerosis, general
Pneumonia, progressive

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? _____ 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) Dr. A. J. Signorelli M. D.
(Address) 618 University Center Bldg

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

X794

University Club Bldg -

Je. 8703 -

9-11 A.M.

4-6 P.M.