

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

Do not use this space.

30389

1. PLACE OF DEATH
 County Crowford Registration District No. 231
 Township Murmas Primary Registration District No. 5314
 City _____ (No. _____ St. _____ Ward _____)

File No. _____
 Registered No. _____

2. FULL NAME Mary Jane 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Pierce
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14-1882
 7. AGE YEARS 53 MONTHS 11 DAYS 28 If LESS than 1 day, _____ hrs. or _____ min.

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. None
 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) Crowford Mo

13. NAME C. H. Howdershelle

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Mo

15. MAIDEN NAME Martha A. Eaton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crowford Mo

17. INFORMANT C. H. Howdershelle
 (ADDRESS) Cherryville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE New Home DATE 8/18-1936

19. UNDERTAKER L. J. Jones
 (ADDRESS) Cherryville Mo

20. FILED 5/21 1936 Cherryville Mo
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/16 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-26, 1936, to 8/16, 1936
 I last saw him alive on 8/16, 1936 Death is said to have occurred on the date stated above, at 9 A. m.
 The principal cause of death and related causes of importance were as follows:

Brain Tumor Date of onset _____

Other contributory causes of importance: 5

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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.

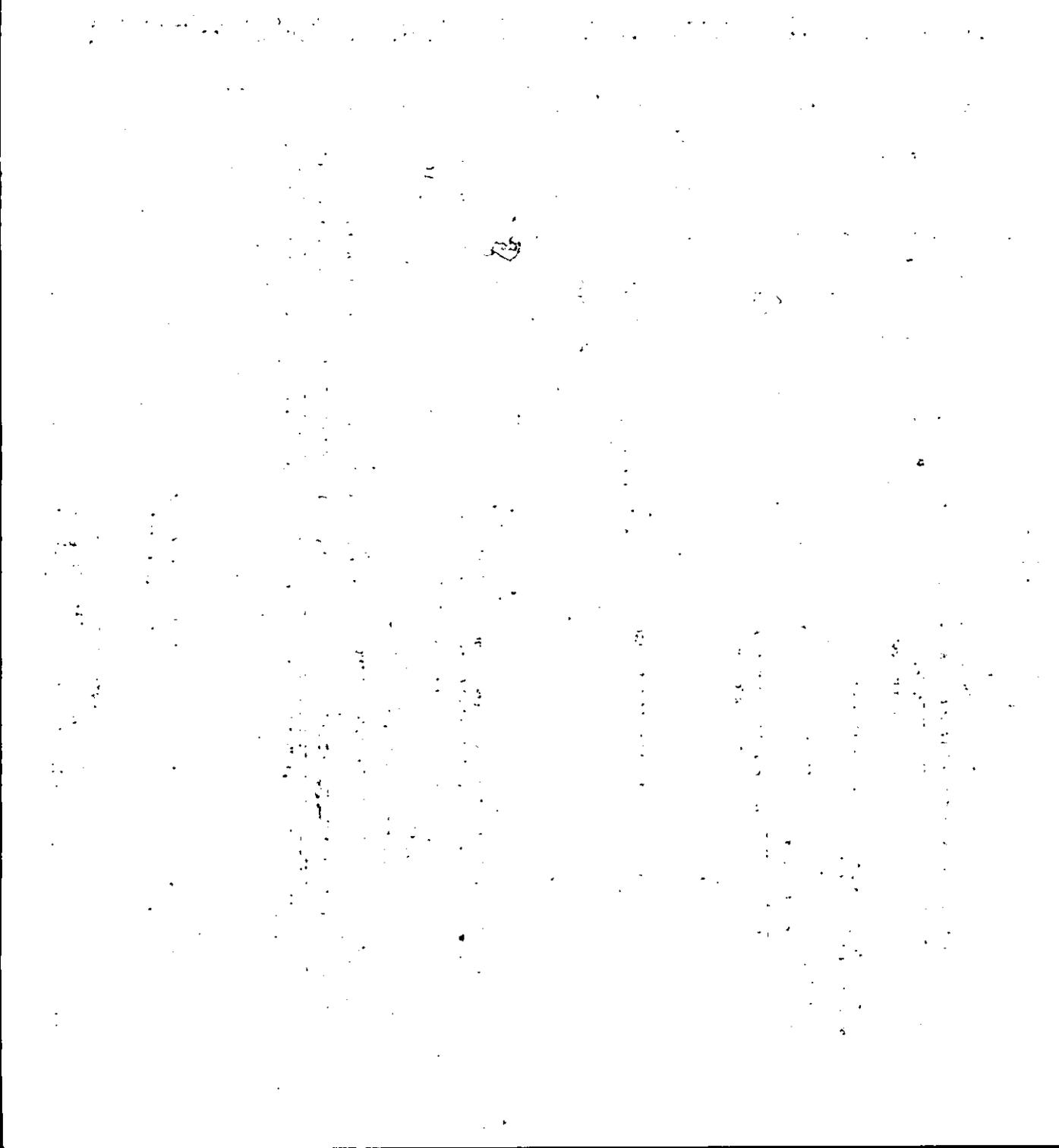
Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____
 (Signed) Geo W. Sears, M. D.

(Address) Sturville 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.



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1. PLACE OF DEATH

County Crawford
Township Merinae
City (No. _____) _____

Registration District No. 231
Primary Registration District No. 3317

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

2. FULL NAME

Mary Jane 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wid)

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>53</u>	<u>11</u>	<u>28</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. _____
10. Date deceased last worked at this occupation (month and year) _____ Total time (years) _____ spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED 9/19 1936 Chas. H. [Signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-16-1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Brain Tumor
malignant

Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Geo. W. [Signature] _____, M. D.
(Address) Steelville 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.

TEMPORARY

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