

MAR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

County StangRegistration District No. 29File No. 4892Township NorthPrimary Registration District No. 5099Registered No. 21

City (No.)

St. Ward

2. FULL NAME

St. Ann - Mary Ann 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 <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Infant</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 7 1937</u>		
7. AGE	YEARS	MONTHS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation.
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Stang Co.</u>		
13. NAME <u>Earl Pierce</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lawrence Co.</u>		
15. MAIDEN NAME <u>Susie Carney</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lawrence Co.</u>		
17. INFORMANT <u>Earl Pierce</u> (ADDRESS) <u>Cape Fair</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Carney</u> DATE <u>Feb. 8 1937</u>		
19. UNDERTAKER <u>George Maulou</u> (ADDRESS) <u>Trade No.</u>		
20. FILED <u>3-9</u> 1937 <u>Geo. W. Thurman</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)	, 19
22. I HEREBY CERTIFY That I attended deceased from	
<u>Feb 7</u> , 19 <u>37</u> , to <u>Feb 17</u> , 19 <u>37</u>	
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: <u>Stillborn</u>	
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) <u>J. R. Doyy</u> , M. D. (Address) <u>Cape Fair Mo</u>	

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.

