MAR 23 1937

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

Do not use this space.

1. PLACE OF DEATH
County NEW MADRID — Registration District No. 604 — File No. 7382
Township NEW MADRID — Primary Registration District No. 4358 — Registered No.
City NEW MADRID (No. ..., ... St. ..... Ward)

2. FULL NAME ALVIN EUGINE PIERCE
(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 2 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): ✓

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

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

7. AGE — YEARS: — MONTHS: 9 — DAYS: 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. Child
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) FARRENBURGH, MO

FATHER
13. NAME HIRAM PIERCE
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SEMATOBICE, MISS

MOTHER
15. MAIDEN NAME EVELIN CLEMENS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISS

17. INFORMANT (ADDRESS) HIRAN PIERCE

18. BURIAL, CREMATION, OR REMOVAL
PLACE BLOOMFIELD, MO DATE FEB 24 1937

19. UNDERTAKER (ADDRESS) RICHARDS UND CO NEW MADRID, MO

20. FILED 5/6 1935 Wm O'Bannon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-23, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-22, 1937, to 2-23, 1937
I last saw him alive on 2-23, 1937. 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:

	Date of onset
Bronchial Pneumonia	2-16-37

1070

Other contributory causes of importance: Exposure in flood Area

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) [signature] M. D.
(Address) New Madrid 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.