

MAR 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County Franklin
Township Praire
City Lonedell Mo (No., St. Ward)

Registration District No. 294
Primary Registration District No. 5418

File No. 11818
Registered No.

2. FULL NAME Mary Emeline Pierce

(a) Residence, No., 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 0 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife.

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) McGuffey Ill.

13. NAME Martin Tilly

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

15. MAIDEN NAME Elizabeth McCallister

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

17. INFORMANT Gertrude Cain
(ADDRESS) Lonedell, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Anaconda DATE March 6, 1937

19. UNDERTAKER Wm. Casey & Co.
(ADDRESS) St. Clair, Mo.

20. FILED Mar. 8 1937 W. Duckworth
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3 1937

22. I HEREBY CERTIFY That I attended deceased from Feb 23rd 1937 to Mar 3rd 1937

I last saw her alive on Mar 3 1937 Death is said to have occurred on the date stated above, at 4:10 P.M.

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

Influenza
Reber Pneumonia
100

Other contributory causes of importance:

uremia acuta
Chron. Pouch. Nephritis

Name of operation Date of
What test confirmed diagnosis clinical 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) O. F. Bricall, M. D.(Address) St. Clair, Mo.

Date of onset

Feb 28/37Feb 22/37Mar 2/37?

