

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

Do not use this space.

MAY 31 1937

17160

1. PLACE OF DEATH
44 County Dunk Registration District No. 920
Township Big Creek Primary Registration District No. 0858
City _____ (No.) _____ St. _____ Ward _____

2. FULL NAME Pete 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 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 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 Allie Pierce

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 8 1875

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>61</u>	<u>7</u>	<u>21</u>	

OCCUPATION

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

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) Layton Mo

FATHER

13. NAME Joseph Pierce

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City

MOTHER

15. MAIDEN NAME Mary Ann Hubert

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

17. INFORMANT (ADDRESS) Allie Pierce
Julie mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Butte Cemetery DATE Apr 30 1937

19. UNDERTAKER (ADDRESS) Verna Fidast
Julie mo

20. FILED Apr 12 1937 Mary T. Johnson
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29 1937

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____
no medical aid
I last saw h. _____ alive on _____, 19____ Death is said to have occurred on the date stated above, at 6 a.m.
The principal cause of death and related causes of importance were as follows:
dropsy and leakage of heart Date of onset 2 yrs

Other contributory causes of importance Atherosclerosis 10 yrs

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 no medical aid

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify Mary T. Johnson, M.D.
(Signed) Theodosia mo J.R.
(Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 3 1949