AUG 25 1937

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

Do not use this space.

1. PLACE OF DEATH
County Marries
Township Johnson
City ..... (No. ..... St. ..... Ward)

Registration District No. 546
Primary Registration District No. 5735

File No. 27742
Registered No. .....

2. FULL NAME Jacob Ashley 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 26, 1850

7. AGE: YEARS 86 | MONTHS 8 | DAYS 1 | If LESS than 1 day, ... hrs. or ..... min.

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) June 1 - 1931
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marries Co. Mo.

FATHER
13. NAME: Abel Pierce
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: Kathryn Jewell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): R. J. Pierce Rt. 2 - Vichy, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Rock Spg. Cem. DATE 7/29 1937

19. UNDERTAKER (ADDRESS): W. E. Lickliter, St James, Mo.

20. FILED Aug 2 1937 Sam A. Warner, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July ~~Aug~~ 27 - 1937

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1937, to July 27, 1937
I last saw him alive on July 26, 1937 Death is said to have occurred on the date stated above, at 7a m.
The principal cause of death and related causes of importance were as follows:

Sudden Stroke (Cerebral)

Date of onset

Other contributory causes of importance: 82a1

Name of operation ..... Date of .....
What test confirmed diagnosis? Natural 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) [signature], M. D.
(Address) St James Mo

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.

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