

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

Do not use this space.

SEP 25 1937

31647

1. PLACE OF DEATH

County St. Francois

Township St. Francois

Near City Farmington

Registration District No. 773

Primary Registration District No. 6018A

File No. ....

Registered No. 139

2. FULL NAME Amanda Pierce

(a) Residence, No. St. Clair, Mo. St. .... Ward. ....

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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 18, 1850

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 86 7 21

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) Franklin County (STATE OR COUNTRY) Missouri

13. NAME Asa Roberts

14. BIRTHPLACE (CITY OR TOWN) Washington (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Fisher

16. BIRTHPLACE (CITY OR TOWN) Franklin County (STATE OR COUNTRY) Missouri

17. INFORMANT Hospital Records (ADDRESS) Farmington, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Clair DATE Aug. 21, 1937

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

20. FILED Aug 9, 1937 J. J. Robinson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 9, 1937

22. I HEREBY CERTIFY That I attended deceased from September 4, 1933, to August 9, 1937. I last saw h. w. alive on August 9, 1937. Death is said to have occurred on the date stated above, at 11:40 a.m.

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

Arteriosclerosis, generalized and marked

Date of onset

Other contributory causes of importance: Chronic Cholecystitis & cholelithiasis 1933+

Name of operation none 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) C. C. Ault, M. D. (Address) Farmington, 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.

