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.

OCT 19 1937

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

Do not use this space.

File No. 33369

Registered No. 2011

1. PLACE OF DEATH

County: Jackson | Registration District No. 399

Township: Kan | Primary Registration District No. 1002

City: Kansas City (No. KC Gen Hosp St. Ward)

2. FULL NAME: Jess Pierce

(a) Residence, No. 2404 Prospect St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 4 1897

7. AGE: Years 39 | Months 8 | Days 14 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): 18 days

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Enola Ocela

FATHER

13. NAME: Henry Pierce

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Iowa

MOTHER

15. MAIDEN NAME: Sarah Shumaker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ohio

17. INFORMANT: Sarah Estaly
(ADDRESS) Denver Colo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Washington DATE: 9-21 37

19. UNDERTAKER: Darrilo Bros
(ADDRESS) 644 Kansas Ave

20. FILED: Sept 21 1937 M. M. Brown
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-18 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-9 1937, to 9-18 1937

I last saw him alive on 9-18 1937. Death is said to have occurred on the date stated above, at 6:30 a.m.

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

Staphylococcic septicemia; Staphylococcic meningitis

79a

Date of onset

Other contributory causes of importance:

Name of operation: Gen + Lat. Tonsil Date of

What test confirmed diagnosis: Autopsy Was there an autopsy? Yes

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) G. A. De Marais, M. D.

(Address) Supt KC Gen Hosp KC Mo