

NOV 24 1937

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

Do not use this space.

1. PLACE OF DEATH

County Saline
Township _____
City Marshall (No. _____ St. _____ Ward _____)

Registration District No. 796
Primary Registration District No. 3038

File No. 38895
Registered No. 174

2. FULL NAME Ida Evelyn Pierce

(a) Residence, No. 30 Tod 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 21 - 1937

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Richard Pierce

22. I HEREBY CERTIFY, That I attended deceased from held inquest, 1937, to Oct. 21, 1937

I last saw him live on, 1937. Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 29, 1864

to have occurred on the date stated above, at 9 A m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 I 22

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

Acute dilatation of stomach. (Date of onset)

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa

Name of operation Date of

13. NAME Lott King

What test confirmed diagnosis? Was there an autopsy? No

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 1937

15. MAIDEN NAME Unknown

Where did injury occur? (Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place. Home

17. INFORMANT (ADDRESS) Mr. Albert Haines Marshall, Mo.

Manner of injury

Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Gilcspie, Ill. DATE Oct. 24 1937

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

19. UNDERTAKER (ADDRESS) T. H. Campbell Marshall, Mo.

(Signed) B. F. Bradshaw, M. D.

20. FILED Oct 28, 1937 Registrar

(Address) Arrow Rock Mo.

Coroner - Saline Co. Mo.

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

118

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

38896
Do not use this space.

1. PLACE OF DEATH
 (a) County Saline Registration District No. 796
 (b) Township _____ Primary Registration District No. 3038 Registered No. 174
 (c) City Marshall (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ida Evelyn Pierce
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
	<u>72</u>	<u>1</u>	<u>22</u>	

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

9. Industry or business in which work was done, as 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) _____

FATHER

13. NAME _____

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

MOTHER

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE _____ DATE _____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED 1-8 1938 B. C. Bradshaw
 Local Registrar

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

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____.

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
acute dilatation of stomach
loss of digestion causing gas to enlarge stomach & thereby crowd the heart
to inactivity.

Other contributory causes of importance: _____

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 _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) B. C. Bradshaw, M. D.
 (Address) Arrow Rock Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

