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.

REC'D MAY 25 1938

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

Do not use this space.

1. PLACE OF DEATH
County: Stone
Township: Washington
City: Galena (No. ..... St. ..... Ward)
Registration District No. 843
Primary Registration District No. 4513
File No. 16041
Registered No.

2. FULL NAME: Charles Alfonzo Pierce
(a) Residence, No. ..... Galena Mo 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: M
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Minnie Pierce
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 31 1850
7. AGE: Years 87 Months 3 Days 11 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Carpenter
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): Wauseon, Wisconsin

FATHER
13. NAME: Asa Pierce
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Roda Bale Collins
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mrs Leonard Feezel Galena Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Galena DATE: April 12, 1938
19. UNDERTAKER (ADDRESS): Emmett J Cheatham Galena Mo
20. FILED: 4/12, 1938 Nellie Tromley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 11, 1938
22. I HEREBY CERTIFY, That I attended deceased from March 25, 1938, to April 11, 1938
I last saw him alive on April 11, 1938. Death is said to have occurred on the date stated above, at 9:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	
93 Hr	

Other contributory causes of importance:
Arteriosclerosis

Name of operation: No 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) J P Young M. D.
(Address) Galena Mo