

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.

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

16481  
Do not use this space.

REC'D JUN 9 1938

1. PLACE OF DEATH  
(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003**  
(c) City ..... (d) Street No. **2616a Mills**  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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.

Registered No. **4342**

2. PRINT FULL NAME **Lillian Pierce**  
(a) Residence, No. **2616 a Mills** St. **21**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F**  
4. COLOR OR RACE **Col**  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Henry Pierce**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **UNK.**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**abt 50**

OCCUPATION  
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. **House wife**  
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) **Mississippi**

FATHER  
13. NAME **Walker Willeyssioni**  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mississippi**

MOTHER  
15. MAIDEN NAME **Betty Carter**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mississippi**

17. INFORMANT **Henry Pierce**  
(ADDRESS) **2616a Mills**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **Washington Park** DATE **5-12-1938**

19. FUNERAL DIRECTOR **Wade Funeral Home**  
(ADDRESS) **4202 Finney Ave.**

20. FILED **19**  
**MAY 19 1938**  
**J. F. Bredich**  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **MAY 9<sup>th</sup> 1938**  
22. I HEREBY CERTIFY, That I attended deceased from **April 20** 19**38** to **MAY 9** 19**38**  
I last saw h. **alive on MAY 8, 1938** Death is said to have occurred on the date stated above, at **3:30 am**  
The principal cause of death and related causes of importance were as follows:

**CHRONIC PARENCHYMA- TOUS NEPHRITIS**  
Date of onset **June 1936**  
Other contributory causes of importance: **MI**

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 **N. H. G. Clark** M. D.  
(Signed) **2650 A 47th St. Ave**  
(Address)

