

REC'D JUN 23 1938

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

Do not use this space.

1. PLACE OF DEATH

County Oregon
Township Piney
City Alton (No.)

Registration District No. 036
Primary Registration District No. 5844

19064

File No.
Registered No. 1A (St. Ward)

2. FULL NAME Sarah Pierce 620

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 73 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) Divorced

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

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

7. AGE YEARS 73 MONTHS DAYS IF LESS than 1 day, hrs. or min.

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) Missouri (STATE OR COUNTRY) 0

13. NAME William T. Priest 9

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) 9

15. MAIDEN NAME Mary Doland

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

17. INFORMANT Susan Cagle, Cave Springs (ADDRESS) Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cave Springs DATE 5/13/38 19

19. UNDERTAKER Leo Carr, Thayer, Mo. (ADDRESS)

20. FILED 6/4 1938 Enoch Baiter Registrar. 566

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/12/38 19

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 2 A.M.

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

Acute My. Carditis Date of onset

Other contributory causes of importance:

Name of operation Hyster Date of.....

What test confirmed diagnosis? Hyster 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 Leo Carr (Signed) M. D.

(Address)

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.

OCCUPATION
FATHER
MOTHER

The first part of the document discusses the importance of maintaining accurate records. It emphasizes that proper record-keeping is essential for ensuring the integrity and reliability of the data collected. This section also outlines the various methods used to collect and analyze the data, highlighting the challenges faced during the process.

In the second part, the focus shifts to the results of the study. The data shows a clear trend towards increased efficiency in the process, which is attributed to the implementation of the new system. The analysis also identifies areas where further improvements can be made, providing valuable insights for future research and development.

The final section of the document provides a summary of the findings and conclusions. It reiterates the significance of the study and the potential impact of the findings on the industry. The authors express their gratitude to the funding agencies and the participants who made this research possible.

References are provided at the end of the document, listing the key sources used in the research. The authors also provide contact information for those interested in further details or collaboration.