

REC'D JUL 22 1938

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

22505  
Do not use this space.

## 1. PLACE OF DEATH

(a) County New Madrid Registration District No. 605  
(b) Township Como Primary Registration District No. 4359  
(c) City ..... (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

Barbara Jean Pierce 620  
(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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED write the word Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 1-1937  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
10 27

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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blythville Ark13. NAME R. L. Pierce14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leslie Ark15. MAIDEN NAME R. Louise Hotchkiss16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Batesville Ark17. INFORMANT (ADDRESS) R. L. Pierce  
Lilbourn Mo R 118. BURIAL, CREMATION, OR REMOVAL PLACE Newrutha Ch. DATE 6-30-3819. FUNERAL DIRECTOR (ADDRESS) W. L. Craig  
Malden Mo20. FILED 6-28-38 Dr. Geo. W. Husted  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28 193822. I HEREBY CERTIFY That I attended deceased from June 20 1938, to June 28 1938I last saw her alive on June 25 1938. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Colitis

Date of onset

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) Geo. W. Husted M. D.53 (Address) Parma, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M-520-37  
I X12004

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.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**