

REC'D MAR 21 1939

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

7354

Do not use this space.

1. PLACE OF DEATH

(a) County Nodaway Registration District No. 628
 (b) Township Felix Primary Registration District No. 3037 Registered No. 27
 (c) City Maryville (d) Street No. St. Francis Hospital St.
 (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.

2. PRINT FULL NAME James Pierse

(a) Residence, No. 620 St. Perry Mo.
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 6 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) County Carey Ireland

13. NAME James Pierse 514. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 515. MAIDEN NAME Nona Wolfe 516. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Miss Nona Pierse
 (ADDRESS) Maryville Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Perry - Mo - DATE Feb. 22 1939

19. FUNERAL DIRECTOR (NAME) Cummins Furn. Co.
 (ADDRESS) Maryville, Mo.

20. FILED 2-21 1939 Mamie E. Clark 56
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20 1939

22. I HEREBY CERTIFY That I attended deceased from Sept 1938 to Feb 20 1939

I last saw him alive on Feb 20 1939 Death is said to have occurred on the date stated above, at 2 P m.

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

General Arteriosclerosis Coronary Sclerosis
 Date of onset not known

Other contributory causes of importance: 94B

Name of operation _____ Date of _____

What test confirmed diagnosis? exam Was there an autopsy? no

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? no

If so, specify _____ (Signed) J. A. Blacmer M. D.

(Address) Maryville Mo

74
92

RECEIVED

District Health Officer No. 11,

District File Number 17-39-140

Filed MAY 12 1935

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 1675

P. O. Address Marquette

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.)

If this body is not embalmed, above space should be left blank.