

REC'D JUN 21 1939

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

18726  
Do not use this space.

1. PLACE OF DEATH

(a) County Harrison Registration District No. 338  
(b) Township \_\_\_\_\_ Primary Registration District No. 4201 Registered No. \_\_\_\_\_  
(c) City Harrison City, Mo. (d) Street No. \_\_\_\_\_ 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

640 Bora B. Lierley Lierley  
(a) Residence, No. Harrison City, Mo. 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nathan Lierley</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 5, 1869</u>			
7. AGE YEARS <u>69</u>	MONTHS <u>6</u>	DAYS <u>1</u>	IF LESS than 1 day, ..... hrs. or ..... min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Housewife</u>			
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) <u>March 25, 39</u>		11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>State of Mo.</u>			
13. NAME <u>August Marshall</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
15. MAIDEN NAME <u>Elvira Gooding</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>State of Tenn.</u>			
17. INFORMANT <u>Nathan Lierley</u> (ADDRESS) <u>Harrison City, Mo.</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Religious cemetery</u> DATE <u>April 9, 1939</u>			
19. FUNERAL DIRECTOR (NAME) <u>W. W. Haines</u> (ADDRESS) <u>Harrison City, Mo.</u>			
20. FILED <u>May 20 1939</u> <u>W. W. Haines</u> Local Registrar.			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar - 24, 1939, to April 6, 1939  
I last saw her alive on April 6, 1939 Death is said to have occurred on the date stated above, at 8 P. m.  
The principal cause of death and related causes of importance were as follows:  
Pneumonia (Toxic)  
109  
Date of onset Mar - 24

Other contributory causes of importance:  
nephritis (Chronic)

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) J. C. Walker, D. O. 3  
306 (Address) Harrison City, Mo.

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 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

