AUG 16 1939

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

Do not use this space.

1. PLACE OF DEATH
County: Cass 1
Township: Index
City: Garden City, Mo. (No. 620 ..., St. ..., Ward)
Registration District No.: 124
Primary Registration District No.: 4058
File No.: 25326
Registered No.:

2. FULL NAME: Alice Ethel (Terrill) Peirce
(a) Residence, No.: Garden City, Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Fe
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: D. W. Peirce

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 22 1880

7. AGE: Years 59 Months 5 Days 22 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
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) (STATE OR COUNTRY): Robertson, Kansas

FATHER
13. NAME: Elijah J. Terrill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

MOTHER
15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

17. INFORMANT (ADDRESS): Robt. A. Peirce, Eldorado, Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Index Cem. DATE: July 22, 1939

19. UNDERTAKER (ADDRESS): J. N. Kautlman, Garden City, Mo.

20. Filed July 21 1939 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 19 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1 1939 to July 19 1939, 19..., that I last saw ... alive on July 19 1939. Death is said to have occurred on the date stated above, at ... p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	

Other contributory causes of importance: None

Date of onset

Name of operation: no Date of: ...
Was a post-mortem examination made? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury ..., 19...
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: no
Nature of injury: no

24. Was disease or injury in any way related to occupation of deceased? no
If so, state ...
(Signed) George Graham M. D.
(Address) Garden City, Mo.

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