

1939 AUG 12 1939

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

26437  
Do not use this space.

1. PLACE OF DEATH

(a) County Juniata Registration District No. 65-1  
(b) Township \_\_\_\_\_ Primary Registration District No. 4388  
(c) City or Cynthiana 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Charlie Pierce  
(a) Residence, No. 1201 Ward Ave city 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 Male 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 Elizabeth Pierce

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-20-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
72 3 0

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. Farmer  
10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

13. NAME W. P. Perice

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME Mary Jane Law

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

17. INFORMANT (ADDRESS) Mr. A. D. Perice  
Cynthiana mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Little Prairie city Date 7-21-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) H. J. Smith  
Cynthiana mo.

20. FILED July 25 1939 Ada Martin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-20-1939

22. I HEREBY CERTIFY, That I attended deceased from July, 1936, to 7-20-, 1939  
I last saw him alive on 7-20-, 1939. Death is said to have occurred on the date stated above, at 9 A m.  
The principal cause of death and related causes of importance were as follows:

Chronic Valvular Heart Disease Date of onset 1936

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) A. D. Perice M. D.  
Cynthiana, Mo (Address)

K. 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.

RECEIVED  
District Health Officer No. 3;  
District File Number 889-468  
Date Filed 8/7/39

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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 Neil C. Dean  
Licensed Embalmer No. 3941  
P. O. Address Courthaven

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.