

OCT 19 39

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

32886
Do not use this space.

1. PLACE OF DEATH

(a) County Livingston Registration District No. 508
(b) Township Chillicothe Primary Registration District No. 3026
(c) City Chillicothe (d) Street No. 115 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

625 Mary F. Pierson
(a) Residence, No. 1020 Jackson St. St.
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 31, 1857

7. AGE YEARS 82 MONTHS 7 DAYS 8 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
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) New York City (STATE OR COUNTRY) New York

FATHER 13. NAME Jacob Mohrs
14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Obvender
16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY)

17. INFORMANT Mary F. Clifford (ADDRESS) Chillicothe, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Cem. DATE Sept. 12, 1939

19. FUNERAL DIRECTOR (NAME) James D. Gordon (ADDRESS) Chillicothe, Mo.

20. FILED 9-11 1939 Ambridge MD Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1938, to Sept. 9, 1939
I last saw him alive on Sept. 9, 1939. Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

Epithelioma of left ear Date of onset 1928

Other contributory causes of importance: None

Name of operation None Date of None
What test confirmed diagnosis? Symptoms 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
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) Ambridge MD, M. D.
(Address) Chillicothe Mo

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.

RECEIVED

District Health Officer No. 11,

District File Number 1039-1317

Date Filed OCT. 16 1939

SEP 1 1949

JUN 6 1946

DEC 21 1941

FEB 2 1951

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.....

James D. Gordon

Licensed Embalmer No. 1870

P. O. Address Lehillecoche

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.