

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

36538
Do not use this space.

1. PLACE OF DEATH **REC'D NOV 24 1939**

(a) County Lewis ² Registration District No. 483
 (b) Township Reddish ¹ Primary Registration District No. 5644B
 (c) City _____ or _____ (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 Margaret A. Peirse

(a) Residence, No. _____ 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 F.M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 3, 1863

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 5 28

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) (STATE OR COUNTRY) Illinois Adams Co.

FATHER 13. NAME David Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky ¹

MOTHER 15. MAIDEN NAME Mandy Ellison

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky ¹

17. INFORMANT (ADDRESS) John Peirse
Williamstown Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hebron Co. Ill. DATE 10/3 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred J. Karla
Kahoka Mo.

20. FILED Oct 2 1939 Mrs P. P. Speer
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 1 1939

22. I HEREBY CERTIFY, That I attended deceased from Sept 1939 to Oct 1939
 I last saw her alive on Sept 30 1939. Death is said to have occurred on the date stated above at 4 P.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset _____

Other contributory causes of importance: 92%

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? 3
 If so, specify _____
 (Signed) Dr. C. B. Padd, M. D.
 (Address) _____

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

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RECEIVED

Director Health Officer No. 10
District No. 11-39-1911
Date Filed NOV 9 1909

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 Fred J. Karle
Licensed Embalmer No. 1023
P. O. Address Kahoka, Mo.

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.