

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

Do not use this space.

20881

1. PLACE OF DEATH
 County St. Francois Registration District No. 775
 Township Perry Primary Registration District No. 6070
 City..... (No..... St..... Ward)

2. FULL NAME Florence Susan Pierce
 (a) Residence. No..... 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.

File No.....
 Registered No. 47

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 Joseph Henry Pierce
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 13 1885
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 5 12
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (b) General nature of industry, business, or establishment in which employed (or employer) Home Work
 (c) Name of employer

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 25 1933
 17. I HEREBY CERTIFY, That I attended deceased from June 23, 1933, to June 25, 1933 that I last saw her alive on June 25, 1933, and that death occurred, on the date stated above, at 2:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Obstructive Bowel
17 1/2 (duration) yrs. mos. 3 ds.

9. BIRTHPLACE (CITY OR TOWN) Bonne Terre (STATE OR COUNTRY) Mo.
 10. NAME OF FATHER William M. Dowell
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Margaret Vandier
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Bonne Terre (STATE OR COUNTRY) Mo.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH St. Home
 DID AN OPERATION PRECEDE DEATH? No OF
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Ex aminator
 (Signed) Lee Turley, M. D.
6-25-1933 (Address) Bonne Terre

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

14. INFORMANT Wm. G. Pierce (Address) Leadwood, Missouri
 15. FILED 6/25 1933 W. G. Pierce REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Bonne Terre Cemetery DATE OF BURIAL June 27 1933
 20. UNDERTAKER J. T. Ward ADDRESS Bonne Terre

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.

JUL 22 1933

