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

Do not use this space.

1. PLACE OF DEATH
County New Madrid — Registration District No. 604 — File No. 15377-3
Township ,, ,, — Primary Registration District No. 5802 — Registered No.
City ,, ,, (No. ,, St. ,, Ward)

2. FULL NAME Edgar Gaines Pierce
(a) Residence. No. ,, St., ,, Ward. ,, (If nonresident give city or town and State)
(Usual place of abode)
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: 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: Theresa Pierce

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 2, 1861

7. AGE: Years 59 — Months 11 — Days 13 — If LESS than 1 day, ,, hrs. or ,, min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Clerk
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): New Madrid
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Elbert Pierce
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Martha Tickell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Morehouse
(STATE OR COUNTRY): New Madrid Co, Mo.

14. INFORMANT: Frank Pierce
(Address): New Madrid, Mo.

FILED 10/31/1921 W V Bannon
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 15 1921

17. I HEREBY CERTIFY, That I attended deceased from May 1st, 1921, to June 15, 1921 that I last saw him alive on June 10, 1921, and that death occurred, on the date stated above, at 8 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis (pulmonary)
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): 21
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W V Bannon, M.D.
10/31/1928 (Address) New Madrid, Mo.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Evergreen Cem. — DATE OF BURIAL: Jun. 14 1921

20. UNDERTAKER: Richards Md. Co. — ADDRESS: New Madrid

be carefully
at it may be
USE