24 [illegible]

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

Do not use this space.

4006

1. PLACE OF DEATH
County Bates — Registration District No. 50 — File No. 9
Township — Primary Registration District No. 3004 — Registered No.
City Butler (No. ..... St. ..... Ward)

2. FULL NAME James Guagerty 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: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Laura Pierce.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 23, 1842

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
87	6	23.	

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

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Tennessee.

PARENTS
10. NAME OF FATHER George W Pierce.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Don't Know.
12. MAIDEN NAME OF MOTHER Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Don't Know.

14. INFORMANT Mrs Harry Van Dyke (Address) Butler Mo.

15. FILED Feb 17 1930 Nina L Culver REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 16 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1925, to Jan 16 1930, that I last saw him alive on Jan 16 1930, and that death occurred, on the date stated above, at 11:50 P.M.,

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Mitral Regurgitation

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 90 A

(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) R E Crabtree, M. D
2/17, 1930 (Address) Butler 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: Virginia — DATE OF BURIAL: Feb. 18 1930

20. UNDERTAKER: Culver's. — ADDRESS: Butler Mo.

[illegible] so that it may be properly classified. Exact statement of OCCUPATION is very important.