

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

Do not use this space.

**30949**

**1. PLACE OF DEATH**

County Dunklin  
Township Salmon  
City (No. ....) .....

Registration District No. 290  
Primary Registration District No. 5408

File No. ....  
Registered No. 46  
St. .... Ward)

**2. FULL NAME**

Agnes May 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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 19, 1930</u>		
7. AGE	YEARS	MONTHS
	<u>4</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>X</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>X</u>
10. Date deceased last worked at this occupation (month and year)		<u>X</u>
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dunklin County Mo</u>		
13. NAME <u>John Beaver</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dunklin County Mo</u>		
15. MAIDEN NAME <u>Blanche Pierce</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dunklin County Mo</u>		
17. INFORMANT (ADDRESS) <u>H.C. Hampton 2140 R.F.D. #2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Smith Mountain Sept 19 1931</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. Hammett &amp; Co Smith 2140</u>		
20. FILED <u>10-1</u> 19 <u>31</u> <u>H.C. Hampton</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

2. **21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Sept 19 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 12, 1931, to Sept. 19, 1931  
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 2:00 p.m.  
The principal cause of death and related causes of importance were as follows:  
Acute Nephritis accompanied with hematuria & pyelonephritis  
130  
Other contributory causes of importance:  
130

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? No  
If so, specify.....  
(Signed) Robert E. Macton, M. D.  
(Address) Denat. Mo

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.

NOV 20 1931

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