

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

Do not use this space.

2197

FEB 23 1934

1. PLACE OF DEATH  
 County St. Francois Registration District No. 775  
 Township Beef Primary Registration District No. 6020  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Charles Lilburn 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. 6  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 17, 1914

|        |           |          |           |   |
|--------|-----------|----------|-----------|---|
| 7. AGE | YEARS     | MONTHS   | DAYS      | LESS than 1 day, _____ hrs. or _____ min. |
|        | <u>17</u> | <u>7</u> | <u>10</u> |   |

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Laborer  
 (b) General nature of industry, business, or establishment in which employed (or employer) 237  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) St. Francois, Mo.  
 (STATE OR COUNTRY)

10. NAME OF FATHER John Pierce  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Marion, Mo.  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Louis Miller  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Francois, Mo.  
 (STATE OR COUNTRY)

14. INFORMANT John F. Pierce  
 (Address) Beef, Mo.

15. FILED 1/29, 1934 T. C. Son  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 27, 1932  
 17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932, to Jan 27, 1932, that I last saw him alive on Jan 2, 1932, and that death occurred, on the date stated above, at 11:55 A.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Valvular Insufficiency  
of the Aortic Valve  
 (duration) 2 yrs. 6 mos. 26 ds.  
 CONTRIBUTORY (SECONDARY) Inflammatory Rheumatism  
 (duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? No. DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? No.  
 WHAT TEST CONFIRMED DIAGNOSIS? Examination  
 (Signed) Lee Turley, M. D.  
1-29, 1932 (Address) Bonneton, 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 Bonneton Cemetery DATE OF BURIAL Jan 29, 1932  
 20. UNDERTAKER J. F. Ward ADDRESS Bonneton, Mo.

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.

