

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

PLACE OF DEATH

County Pettis
Township Bresden
or
Village Bresden
or
City _____ (NO. _____ St.; _____ Ward)

Registration District No. 672 File No. 29115
Primary Registration District No. 5895 Registered No. 9

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Clarr Price

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>M</u>	COLOR OR RACE <u>Black</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>married</u> (Write the word)
DATE OF BIRTH <u>Sep 10 1838</u> (Month) (Day) (Year)		
AGE <u>73</u> yrs. <u>11</u> mos. <u>20</u> ds. If LESS than 1 day, ___ hrs. or ___ min.?		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Farmer - 02</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Farm labor</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Houstonia Mo</u>		
PARENTS	NAME OF FATHER <u>John Price</u>	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Don't know</u>	
	MAIDEN NAME OF MOTHER <u>Don't know</u>	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Don't know</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH
Aug 21 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 6 1911, to Aug 21 1911, that I last saw him alive on Aug 18 1911, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows:
Heart Lesion
958
(Duration) Don't know yrs. mos. ds.

Contributory
(SECONDARY) (Duration) _____ yrs. mos. ds.
(Signed) A. Dyer M. D.
(Address) Adalain

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted if not at place of death?
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL
Bresden Mo

DATE OF BURIAL
Aug 22 1911

UNDERTAKER
R. T. Carter

ADDRESS
Samuel Mo

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Alice Hawkins
(ADDRESS) California Mo.

Filed Aug 23 1911 A. B. Ferguson
REGISTRAR

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)



MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

County Pettis
 Township Dresden
 or
 Village _____
 or
 City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 672 File No. _____

Primary Registration District No. 5895 Registered No. 9

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Clark Price

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX M COLOR OR RACE Black SINGLE MARRIED Married
 WIDOWED OR DIVORCED (If write the word)

DATE OF DEATH Aug 21, 1911
 (Month) (Day) (Year)

DATE OF BIRTH Sep 10, 1838
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Aug 6, 1911, to Aug 21, 1911, that I last saw h. in alive on Aug 18, 1911, and that death occurred, on the date stated above, at 3A m.

AGE 73 yrs. 11 mos. 20 ds.
 If LESS than 1 day, _____ hrs. or _____ min. 2

The CAUSE OF DEATH* was as follows:
Heart Lesion

OCCUPATION (a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) Farm labor

BIRTHPLACE (City or town, State or foreign country) Hustonsville Mo

(Duration) Don't know yrs. _____ mos. _____ ds.

PARENTS NAME OF FATHER John Price
 BIRTHPLACE OF FATHER (City or town, State or foreign country) Don't know
 MAIDEN NAME OF MOTHER "
 BIRTHPLACE OF MOTHER (City or town, State or foreign country) "

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
 (Signed) D. P. Byer M. D. (Address) Pedalia Aug 22, 1911

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Alice Hawkins (ADDRESS) California Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
 Where was disease contracted if not at place of death? _____
 Former or usual residence _____

Filed Oct 4 - 1911 A. B. Ferguson REGISTRAR

PLACE OF BURIAL OR REMOVAL Dresden Mo DATE OF BURIAL Aug 22, 1911
 UNDERTAKER B. F. Parker ADDRESS Samouth Mo

Original file, date Aug 23, 1911. All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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