V. S. No. 2.

MARGIN RESERVED FOR BINDING

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.

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

PLACE OF DEATH

...ty Randolph Co

...nship

...ge

Registration District No. 733 File No. 18446

Primary Registration District No. 4438 Registered No. 14

Huntsville Mo (NO. ... St.; ... Ward)

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

FULL NAME Chester Arnold Price

PERSONAL AND STATISTICAL PARTICULARS

...ale | COLOR OR RACE White | SINGLE ~~MARRIED~~ WIDOWED OR DIVORCED (Write the word) Single

...E OF BIRTH May (Month) 30 (Day) 1924 (Year)

... yrs. ... mos. 5 ds. | If LESS than 1 day, ... hrs. or ... min.?

...TION ...profession, or ...kind of work

...eneral nature of industry, ...ess, or establishment in ...h employed (or employer)

...HPLACE ...or town, ...or foreign country) Huntsville Mo

NAME OF FATHER Will Price

BIRTHPLACE OF FATHER (City or town, State or foreign country) Monroe Co Mo

MAIDEN NAME OF MOTHER Josie Duggins

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Randolph Co Mo

ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

...rmant) Will Price

(ADDRESS) Huntsville Mo

June 25 1924 G. G. Bragg REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June (Month) 4 (Day) 1924 (Year)

I HEREBY CERTIFY, that I attended deceased from May 31, 1924, to June 4, 1924 that I last saw h... alive on ..., 191...

and that death occurred, on the date stated above, at 12:30 a.m.

The CAUSE OF DEATH* was as follows:

159 Enteritis

1198

113

(Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY) Premature birth

(Duration) ... yrs. ... mos. ... ds.

(Signed) D. A. Barnhart M. D.

..., 191... (Address) Huntsville

*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 Huntsville Cemetery | DATE OF BURIAL June 4, 1924

UNDERTAKER Andrew Miner | ADDRESS Huntsville Mo

V. S. No. 2.

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MISSOURI STATE BOARD OF HEA

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County _____

Township _____ *or*

Village _____ *or*

City _____ (NO. _____ _____ St.; _____ Ward)

Registration District No. _____ File No. _____

Primary Registration District No. _____ Registered No. _____

[If death occurre hospital or insti give its NAME of street and numb

FULL NAME _____

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (*Write* the word)

DATE OF BIRTH _____, 1_____
(Month) (Day) (Year)

AGE _____ yrs. _____ mos. _____ ds.

If LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION
(a) Trade, profession, or particular kind of work _____

(b) General nature of industry, business, or establishment in which employed (or employer) _____

BIRTHPLACE
(City or town, State or foreign country)

PARENTS

NAME OF FATHER

BIRTHPLACE OF FATHER
(City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(ADDRESS) _____

Filed _____, 191____, _____
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH _____, 1
(Month) (Day) (

I HEREBY CERTIFY, that I attended deceased

_____, 191____, to _____, 19

that I last saw h_____ alive on _____, 19

and that death occurred, on the date stated above, at

The CAUSE OF DEATH* was as follows:

_____

_____

_____

_____ (Duration) _____ yrs. _____ mos.

Contributory _____
(SECONDARY)

_____ (Duration) _____ yrs. _____ mos.

(Signed) _____

_____, 191____ (Address) _____

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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL _____, 1
UNDERTAKER	ADDRESS