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

Do not use this space.

File No. 5408

Registered No. 45

1. PLACE OF DEATH

County: Marion

Township: ~~Mason~~

City: Hannibal (No. 113, North 9th St., 2nd Ward)

Registration District No. 547

Primary Registration District No. 3079

2. FULL NAME: David Price

(a) Residence. No. 113, North 9th St., 2nd 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.

MAR 25 1927

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: XXXXXX

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct, 21, 1852

7. AGE Years	Months	Days	If less than 1 day, hrs. or min.
74	3	16	

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):

(c) Name of employer

93D

9. BIRTHPLACE (CITY OR TOWN): Warsaw
(STATE OR COUNTRY): Ill.

PARENTS

10. NAME OF FATHER: Dont know

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Dont know
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER: Isabella Clark

13. BIRTHPLACE OF MOTHER (CITY OR TOWN):
(STATE OR COUNTRY): Irland

14. INFORMANT: William Price
(Address): 113, North 9th. St.

15. FILED 3/11, 1927 C. E. Stroke, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb, 7, 1927

17. I HEREBY CERTIFY, That I attended deceased from 2-7-27, 1927 to 2-7-27, 1927 that I last saw him alive on 2-7-27, 1927, and that death occurred, on the date stated above, at 9:15 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Edema

from ~~Acute~~ Myocarditis

(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(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) S. Hill, M. D.

, 19 (Address)

*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: Mount Olivet

DATE OF BURIAL: 2/9 1927

20. UNDERTAKER: Wm. M. Smith

ADDRESS: Hannibal

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