G 28 1928
1928

Undertaker

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

Do not use this space.

1. PLACE OF DEATH
County: Ripley
Township: Jordan
City: Doniphan (No. ..... St. ..... Ward)

Registration District No. 750
Primary Registration District No. 5985 I

File No. 24845
Registered No. 859

2. FULL NAME: Laura Marie PRICE.

(a) Residence. No. ..... St., ... Ward. Madison Illinois
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White American

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Infant

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 23-27

7. AGE: Years | Months: Six | Days: 13 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Infant 119E
(b) General nature of industry, business, or establishment in which employed (or employer): 194E
(c) Name of employer: 191

9. BIRTHPLACE (CITY OR TOWN): Madison Illinois
(STATE OR COUNTRY): Illinois

PARENTS

10. NAME OF FATHER: Le Roy PRICE

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Taylorville
(STATE OR COUNTRY): Illinois

12. MAIDEN NAME OF MOTHER: Eva M Brooks

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Pleasant Grove
(STATE OR COUNTRY): Ripley Co Missouri

14. INFORMANT: Leo Roy Price
(Address): Madison Illinois

15. FILED 8-1, 1928 E B Johnston
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR): July 6th 1928

17. I HEREBY CERTIFY, That I attended deceased from 7 a.m. July 5th 1928, to 8.30 p.m. 7/5 1928 that I last saw her alive on July 5th, 8.30p 1928, and that death occurred, on the date stated above, at 2.30 a.m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Heat Prostration, caused by expo
in Auto coming from Madison Ills.
to Doniphan Mo
(duration) yrs. mos. 1½ ds.

CONTRIBUTORY (SECONDARY): Entero Colitis.
unknow n (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH? Madison Illinois
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Only
7-7, 1928 (Signed) [illegible], M. D.
(Address) Doniphan 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: Macedonia Cem
DATE OF BURIAL: 7-6 1928

20. UNDERTAKER: Family
ADDRESS: Franklin

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.