JAN 25 1928

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

41834

1. PLACE OF DEATH
County New Madrid
Township Conna
City ..... (No. ..... St. ..... Ward)
Registration District No. 605
Primary Registration District No. 5804
File No. .....
Registered No. .....

2. FULL NAME Vince
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF single
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 26 1927
7. AGE Years 1 Months 1 Days 2 If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work .....
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.
PARENTS
10. NAME OF FATHER Sandford Price
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Miss
12. MAIDEN NAME OF MOTHER Delia Kelcoal
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown
14. INFORMANT Aaron Brown (Address) Parma Mo R.R. 2
15. FILED Dec 28 1928 C. S. Blackman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 28 1928
17. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1928, to Dec 28, 1928 that I last saw him alive on Dec 27, 1928, and that death occurred, on the date stated above, at 2 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS: Tuberculosis of Lymphatics of neck
27 P.D. (duration) 1 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? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? conditions
(Signed) C. S. Blackman, M. D
Dec 28, 1928 (Address) Parma 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 Stone Chapel
DATE OF BURIAL Dec 28 1928
20. UNDERTAKER none
ADDRESS

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