

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

Do not use this space.

30020

**1. PLACE OF DEATH**

County Bates Registration District No. 50  
 Township..... Primary Registration District No. 3004  
 City Butler (No. ....) St. .... Ward)

File No. ....  
 Registered No. 50

**2. FULL NAME**

Samuel T Price  
 (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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed.</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 5 1851.</u>		
7. AGE	YEARS	MONTHS
	<u>78</u>	<u>5</u>
		DAY
		<u>1</u>
		IF LESS than 1 day, ..... hrs. or ..... min.

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.....

9. BIRTHPLACE (CITY OR TOWN) Warren Co Missouri  
 (STATE OR COUNTRY)

10. NAME OF FATHER Joe Price

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

12. MAIDEN NAME OF MOTHER Dont know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont know.

14. INFORMANT Mrs O H Langford  
 (Address) 417 S. Kensington R.C. Mo

15. FILED 9/7 1929 Thos L Culver  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 6 1929

17. HEREBY CERTIFY, That I attended deceased from Sept 5 1929 to Sept 6 1929, that I last saw him live on Sept 6 1929, and that death occurred, on the date stated above, at 4 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pneumonia, Lobar.  
11:15  
1:32 P.

(duration) ..... yrs. .... mos. 3 ds.

CONTRIBUTORY (SECONDARY) Nephritis

(duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED 10/10  
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS (Signed) R. C. Culver, M. D.

9/7 1929 (Address) Butler 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 <u>Warrenton Missouri</u>	DATE OF BURIAL <u>Sept 8 1929</u>
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20. UNDERTAKER <u>Culver</u>	ADDRESS <u>Butler</u>
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WRITE MAINLY, 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.

*Mrs. O. H. Langford*

*2962*

*1*

*38*

