

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

Do not use this space.

12207

**1. PLACE OF DEATH**

County Meriamee Registration District No. 288 File No. \_\_\_\_\_  
 Township Independence Primary Registration District No. 41725 Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. 324116) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** A. C. Prince

(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 M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED  
 (HUSBAND OF OR) WIFE OF Nette Wilmore Prince

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug-20-1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
29 7 28

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Kennett, Mo.  
 (STATE OR COUNTRY)

10. NAME OF FATHER F. A. Prince

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

12. MAIDEN NAME OF MOTHER Nette Jordan

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

14. INFORMANT J. H. Prince  
 (Address) Kennett, Mo.

15. FILED 4/19/30 Thurber Davis REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/17 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1929, to April 16, 1930, that I last saw him alive on April 16, 1930, and that death occurred, on the date stated above, at 5:50 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Endocarditis  
92A  
 (duration) 1 yrs. 1 mos. 1 ds.

CONTRIBUTORY (SECONDARY) MI  
 (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 Physician & laboratory  
 (Signed) W. L. Kossage M. D.

, 19 \_\_\_\_\_ (Address) Kennett

\*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 Liberty DATE OF BURIAL 4/17 1930

UNDERTAKER Baldwin & U. Co. ADDRESS Kennett Mo

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.

MAY 23 1930

