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

Do not use this space.

9341

1. PLACE OF DEATH
County Daviess — Registration District No. 254 — File No.
Township Benton — Primary Registration District No. 4154 — Registered No. 14
City Pattonsburg (No. ..... St. ..... Ward)

31
6

2. FULL NAME Susana 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.

APR 21 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
F	W	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. R Price (Decd)

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 1-1845

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
85	6	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) 23
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Savannah
(STATE OR COUNTRY) Mo. 1

PARENTS
10. NAME OF FATHER James England
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Wilkinson
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Poly Crowder
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Mo. 1

14. INFORMANT Mrs J. T. James
(Address) Pattonsburg, Mo

15. FILED 3/14, 1931 John J Parker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 14 1931

17. I HEREBY CERTIFY, That I attended deceased from 10 March, 1931, to March 14, 1931 that I last saw her alive on March 14, 1931, and that death occurred, on the date stated above, at 7.30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Lobar Pneumonia Lead
108
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 34
(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) Frank Hedges, M. D.
3/15, 1931 (Address) Pattonsburg

*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	DATE OF BURIAL
Muddy Cemetry	Mar 16 1931

20. UNDERTAKER	ADDRESS
G S Gromer	Pattonsburg Mo.

WRITE PLAINLY, 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.