

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

Do not use this space.

17533

1. PLACE OF DEATH

County Dick

Township Greenfield

City Greenfield (No. _____)

Registration District No. 237

Primary Registration District No. 4144

File No. _____

Registered No. 18

St. _____

Ward _____

2. FULL NAME

(a) Residence, No. 14

(Usual place of abode)

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.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

male

4. COLOR OR RACE

white

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

Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

April 6 - 1850

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

81

1

10

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Genoa

MOTHER FATHER

13. NAME

John Price

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Genoa

15. MAIDEN NAME

Chisii Blakemore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Genoa

17. INFORMANT (ADDRESS)

John Price

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Gen Spring

DATE

May 18 1931

19. UNDERTAKER (ADDRESS)

W. Ward Greenfield Mo

20. FILED

5-6-18

19 31

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

May 16 1931

22. I HEREBY CERTIFY, That I attended deceased from

May 16 1931, to May 16 1931

I last saw him alive on May 16 1931. Death is said

to have occurred on the date stated above, at 5^{PM} m.

The principal cause of death and related causes of importance were as follows:

accident by car
2106

Date of onset

Other contributory causes of importance:

0

Name of operation

none

Date of

What test confirmed diagnosis? fracture Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury May 16 1931

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

at home
run over by car

Nature of injury

crushed

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) A. G. Brown, M. D.

(Address) Greenfield Mo

2/6

2/6

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

County Dade Registration District No. 237 File No. _____
 Township _____ Primary Registration District No. 4144 Registered No. 18
 City Greenfield (No. _____) St. _____ Ward _____

2. FULL NAME William R. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

7. AGE YEARS MONTHS DAYS 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)

10. NAME OF FATHER _____

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

12. MAIDEN NAME OF MOTHER _____

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

14. INFORMANT _____
 (Address)

15. FILED 7-1, 1931 Ball
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him _____, alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accident by car
in Dade County
Near Arcola, Mo.

CONTRIBUTORY (SECONDARY) _____
 (duration) yrs. mos. ds. 210

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) _____, M. D.
 _____, 19____ (Address)

*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 _____

20. UNDERTAKER _____ ADDRESS _____

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

5-17533