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.

NOV 24 1931

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

Do not use this space.

35109

1. PLACE OF DEATH
County Morgan — Registration District No. 598 — File No.
Township ~~Moreau~~ — Primary Registration District No. 4355 — Registered No. 33
City Versailles (No. , St. Ward)

2. FULL NAME Horace Wade 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. 37 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 21-1873

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	58	5	10	

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) (STATE OR COUNTRY) Morgan Co.

PARENTS
10. NAME OF FATHER Bob Price
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
12. MAIDEN NAME OF MOTHER Elizabeth French
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT Mrs. Wade Price (Address)

15. FILED 10/2, 1931 H. N. Lutman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct - 1 - 1931

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1927, to Oct 1 - 1931 that I last saw him alive on Sept 25, 1931, and that death occurred, on the date stated above, at 6 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Valvular disease of heart - mitral.

92A (duration) 4 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 92A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
O DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical history & symptoms
(Signed) A J Guan, M. D.
10-2-1931 (Address) Versailles, 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	DATE OF BURIAL
Big Rock Cemetery	10-3-1931
20. UNDERTAKER H F Kidwell	ADDRESS Versailles