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

Do not use this space.

7053

1. PLACE OF DEATH

101 County: Shannon — Registration District No.: 1074 — File No.:

Township: Bartlett — Primary Registration District No.: 6072 — Registered No.:

City: (No. , St. Ward)

2. FULL NAME: William Harlens 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.

MAR 5 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
M	W	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jul 7 1921

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	7	14	

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): Shannon Co

PARENTS

10. NAME OF FATHER: Alfred Otto Price

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Shannon Co

12. MAIDEN NAME OF MOTHER: Nora Bird

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Shannon Co

14. INFORMANT: Alfred Otto Price
(Address): Bartlett, Mo

15. FILED 2-21, 1932 Mabel Roach
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb 21 1932

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 , that I last saw h. alive on , 19 , and that death occurred, on the date stated above, at 7:00 a.m. p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Respiratory Failure
107A
158 (duration) 3 wks yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Bronchial Pneumonia
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Home
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Mabel Roach M.D.
2-21, 1932 (Address) Winona 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
Dick Williams Cemetery	Feb 22 1932
20. UNDERTAKER: None	ADDRESS

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.

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 Shannon — Registration District No. 1074 — File No. 31
Township Bartlett — Primary Registration District No. 6072 — Registered No. 284
City ..... (No. ..... St. ..... Ward)

2. FULL NAME William Harless Price
(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7-1931
7. AGE YEARS MONTHS 7 DAYS 14 If LESS than 1 day, ... hrs. or ..... min.

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

FATHER
13. NAME Alfred Otto Price
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shannon Co.

MOTHER
15. MAIDEN NAME Nora Bird
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shannon Co

17. INFORMANT (ADDRESS) Alfred Otto Price Bartlett Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Dick William Cem DATE 2-22 1932
19. UNDERTAKER (ADDRESS) None
20. FILED 4/6/ 1932 S. J. Lovan Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Respiratory failure	3
	3

Other contributory causes of importance: Bronchial pneumonia

Name of operation No Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
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 .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Mabel Rollin, M. D.
(Address) Winona Mo

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. AGE should be exactly. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important.

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

S - 7053