

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

Do not use this space.

16704

1. PLACE OF DEATH

59 County Berksington Registration District No. 508
 1 Township Primary Registration District No. 3026
 1 City Lehellicothe (No.) St. Ward

File No. 68
 Registered No. 68

2. FULL NAME

(a) Residence, No. John H. Price 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 Male 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 Ida Price
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-8-1877
 7. AGE YEARS 56 MONTHS 3 DAYS 10 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mail carrier
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R. F. D. 118
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-18-1932
 22. I HEREBY CERTIFY, That I attended deceased from May 12 1932 to May 18 1932
 I last saw him alive on May 18 1932. Death is said to have occurred on the date stated above, at 3:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Septic Peritonitis Date of onset May 10 1932
Jejunum ruptured
Appendix
 Other contributory causes of importance: 10/11/12
 Name of operation Appendectomy Date of May 10 1932
 What test confirmed diagnosis? operation Was there an autopsy? Yes
 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) J. H. Simpson M. D.
 (Address) Lehellicothe Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dawn, Mo.
 FATHER 13. NAME John H. Price
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wadley
 MOTHER 15. MAIDEN NAME Mary Phillips
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wafles
 17. INFORMANT Ida Price (ADDRESS) Dawn Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Welch Cem DATE May-20-32
 19. UNDERTAKER Jas D Gordon (ADDRESS) Lehellicothe Mo
 20. FILED May 20 1932 P. Barney Registrar.

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 1932

