

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.

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

Do not use this space.

29785

1. PLACE OF DEATH
 3 County Marion Registration District No. 541
 1 Township Jefferson Primary Registration District No. 572
 3 City Belle (No. 321) St. _____ Ward _____

2. FULL NAME Malissa Price
 (a) Residence, No. Belle Mo. Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 75 yrs. 4 mos. 2 ds. How long in U. S., if of foreign birth 76 yrs. 7 mos. 28 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Wife

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 24 1857

7. AGE YEARS 76 MONTHS 4 DAYS 28 If LESS than 1 day, X hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. House work
 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) Canaan Mo.

MOTHER FATHER
 13. NAME Frank Richardson
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.
 15. MAIDEN NAME Eliza Harris
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Lee Willis (ADDRESS) Belle, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Cemetery DATE 4-21-1932

19. UNDERTAKER D. G. Kitchley (ADDRESS) Belle Mo.

20. FILED 1932 Leamon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 20 1932

22. I HEREBY CERTIFY that I attended deceased from Aug. 1 - 1932 to Sept. 20 - 1932
 I last saw him alive on Sept. 19 - 1932 Death is said to have occurred on the date stated above, at 6 a. m.
 The principal cause of death and related causes of importance were as follows:
Myocarditis
nephritis
 Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis negative Was there an autopsy? no

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? no
 If so, specify _____
 (Signed) M. R. Gurrell M. D.
Belle Mo. (Address)

