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.

MAR 35

1. PLACE OF DEATH
County: Pulaski
Township: Liberty
City: (No. ..... St. ..... Ward)

Registration District No. 712
Primary Registration District No. 5941

File No. 2760
Registered No. 3

2. FULL NAME: Myrtle B Price PRIER

(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: 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: J. S. Price

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 2. 1882

7. AGE: YEARS 50 MONTHS 5 DAYS 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home
10. Date deceased last worked at this occupation (month and year): Nov. 1931
11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St Paul Mich.

FATHER
13. NAME: Francis M. Sparks
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Neb

MOTHER
15. MAIDEN NAME: Mary Isabelle Lyons
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Neb.

17. INFORMANT (ADDRESS): J. S. Price Laguey Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Idlewood Cem DATE: 1/13, 1933

19. UNDERTAKER (ADDRESS): R. B. Tuggle Richland

20. FILED: 1/13, 1933 Everett A. Oliver, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/12, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 12th 1933, to Jan 12th 1933
I last saw him alive on Jan 12, 1933. Death is said to have occurred on the date stated above, at 5 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	1/9/33
11A	
1398	
Other contributory causes of importance:	
Flu	12/31/33

Name of operation: None Date of
What test confirmed diagnosis? Physical 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) C. G. Talbot, M. D.
(Address) Waynesville Mo

1933- 1 - 12
1882 8 - 2
50 - 5 - 10