

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.

MAY 24 1933

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

Do not use this space.

18727

1. PLACE OF DEATH

108 County Vermon
Township Richard
City Thickwood (No.)

Registration District No. 876
Primary Registration District No. 6164

File No.
Registered No.
St. Ward)

2. FULL NAME

Olivia Maria 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wife William Price</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 4 - 1849</u>		
7. AGE YEARS <u>83</u>	MONTHS <u>5</u>	DAYS <u>4</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Housekeeper</u>
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

FATHER 13. NAME And unknown

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

MOTHER 15. MAIDEN NAME Mid unknown

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

17. INFORMANT (ADDRESS) Donald Kootz

18. BURIAL, CREMATION, OR REMOVAL PLACE Reinhart Undertaking DATE 11/11/1933

19. UNDERTAKER (ADDRESS) Lat Scott Haus

20. FILED May 10 19 33 Nettie Beckwith Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9 1933

22. I HEREBY CERTIFY, That I attended deceased from

19... to 19...
I last saw her alive on May 8 1933 Death is said to have occurred on the date stated above, at 8 m. 7:30 Pm
The principal cause of death and related causes of importance were as follows:

Death was natural
Causes found Dead
in Bed had a Bad
Heart for years
953
Other contributory causes of importance:

Name of operation No Date of

What test confirmed diagnosis? No Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury No 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 or repeated? If so, specify

(Signed) Lank B. Ferguson Coroner

(Address) Merida Mo

