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.

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County BUTLER — Registration District No. 89 — File No. 4095

Township — Primary Registration District No. 3007 — Registered No. 41

City POPLAR BLUFF (No. ..... St. ..... Ward)

2. FULL NAME JESSE J. PRIEST

(a) Residence, No. 1018 MAUD 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) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ELMA PRIEST.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 29, 1881

7. AGE YEARS 52 MONTHS 10 DAYS 17 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. LABORER

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. PAINT

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) BOWLING GREEN MO.

FATHER

13. NAME J. H. PRIEST

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MADISON COUNTY KY

MOTHER

15. MAIDEN NAME LIZA MAGILL

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

17. INFORMANT (ADDRESS) MRS. J. J. PRIEST POPLAR BLUFF MO

18. BURIAL, CREMATION, OR REMOVAL

PLACE CITY - P. B. MO DATE 2-18 1934

19. UNDERTAKER (ADDRESS) Frank Und-Co. Poplar Bluff Mo.

20. FILED 2-19-, 1934 W. S. Bailey Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-16, 1934

22. I HEREBY CERTIFY, That I attended deceased from 1-15, 1934, to 2-16, 1934

I last saw him alive on 2-16, 1934 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:

Carcinoma Pancreas — Date of onset 1935

46F

Other contributory causes of importance: 46

Name of operation Exploratory Date of 2-7-34

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) [signature], M. D.

(Address) Poplar Bluff Mo