

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.

JAN 8 1935

43851

1. PLACE OF DEATH

County Wodaway

Registration District No. 628

Township Marionville

Primary Registration District No. 3031

City Marionville (No.)

File No.

Registered No. 128

2. FULL NAME

Mary Ann Price (Adopted)

(a) Residence, No. St. Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 22 - 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 11

OCCUPATION

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

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

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) Kansas City, Mo

13. NAME Carl - Last

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Edna, Mo

15. MAIDEN NAME Eugenia Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, Mo

17. INFORMANT (ADDRESS) Harry A Price & wife, Marionville, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Dec 4, 1934

19. UNDERTAKER (ADDRESS) Price Funeral Home

20. FILED 12-3-1934 Marionville, Mo Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-3-1934

22. I HEREBY CERTIFY, That I attended deceased from 12-1, 1934, to 12-3, 1934

I last saw her alive on 12-3, 1934 Death is said to have occurred on the date stated above, at 12 m. noon.

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

Intestinal obstruction for Congenital bands (2) over caecum + ascending colon.

Date of onset

12-1-34

Other contributory causes of importance:

Prematurity, Visceral abnormality, congenital Cong. atelectasis left lower lung

Name of operation none Date of

What test confirmed diagnosis? P.M. 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.

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Jack Powell, M. D.

(Address) Marionville

