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.

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

FEB 27 1935

Do not use this space

2256

1. PLACE OF DEATH
County Nodaway
Township ~~Polk~~
City Maryville
Registration District No. 625
Primary Registration District No. 3031
File No.
Registered No. 2
(No. , St. Ward)

2. FULL NAME Elizabeth B. Price
(a) Residence, No. I Mile east of Marysville 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 18, 1863

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
71	9	14	

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.
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) Montieau Co. Mo.

FATHER
13. NAME Benton Box
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER
15. MAIDEN NAME Ludisa Cordell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known.

17. INFORMANT (ADDRESS) Mrs. Harold Allen Maryville Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE Jan. 4 1935

19. UNDERTAKER (ADDRESS) Price Funeral Home Maryville Mo.

20. FILED 1-5 1935 Mamie E. Clardy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 27th, 1934, to Jan 2nd, 1935
I last saw her alive on Jan 2nd, 1935. Death is said to have occurred on the date stated above, at 1125 A.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset: probable date 1923 from history

Other contributory causes of importance: Pleurisy-pneumonia

Name of operation none Date of
What test confirmed diagnosis? Clinical 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) L E Dean, M. D.
(Address) Maryville Mo

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