

AUG 17 1935

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

Do not use this space.

26910

275-

1. PLACE OF DEATH

County LincolnRegistration District No. 499Township MoorePrimary Registration District No. 5602City Waverly (No. 1)St. Mo Ward 2

2. FULL NAME

(a) Residence, No. Ree Darsy Price St. Mo Ward 2

(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

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

widowed

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

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

Feb. 21, 1864

7. AGE

YEARS

71

MONTHS

5

DAYS

18

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Carpenter

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)

Missouri

13. NAME

Miles Price

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

Kentucky

15. MAIDEN NAME

Leticia Darby

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

Kentucky

17. INFORMANT (ADDRESS)

G. M. Price, Winfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Careth Mem. DATE Aug. 10, 1935

19. UNDERTAKER (ADDRESS)

David L. Forbush, Winfield, Mo.

20. FILED

8/10 1935

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 9, 193522. I HEREBY CERTIFY, That I attended deceased from 8-1, 1935, to 8-9, 1935I last saw him alive on 8-8, 1935 Death is saidto have occurred on the date stated above, at 1:30 pm.

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

Nephritis (interstitial chronic)

Date of onset

Other contributory causes of importance:

alcoholism

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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?

If so, specify _____

(Signed) R. M. Mearns, M. D.(Address) Red Moxam 2

Registrar

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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