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.

APR 16 1936

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

Do not use this space.
9560

1. PLACE OF DEATH
County Calloway
Township
City Fulton (No. , St. Ward)

Registration District No. 104
Primary Registration District No. 3008

File No.
Registered No. 105

2. FULL NAME Joel Price
(a) Residence, No. Fulton, Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 5 mos. 21 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 D.K. Melissa Price

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

7. AGE: YEARS 76 | MONTHS ? | DAYS ? | 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. D.K.
10. Date deceased last worked at this occupation (month and year) D.K.
11. Total time (years) spent in this occupation D.K.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo / Virginia

FATHER
13. NAME D.K. Jackson Price
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K. / D.K.

MOTHER
15. MAIDEN NAME D.K. Mary Dynes
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D.K. / Va.

17. INFORMANT Hospital Records
(ADDRESS) Fulton, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Skaggs Cemetery DATE Mar 28, 1936

19. UNDERTAKER S. G. Lockridge
(ADDRESS) Fulton, Mo

20. FILED Mar 27, 1936 R. N. Crews
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1935, to Mar. 26, 1936
I last saw h. I M. alive on March 26, 1936 Death is said to have occurred on the date stated above, at 9.45 p.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis — Date of onset ?

Other contributory causes of importance:
Debility

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) Jas. R. Mulky, M. D.
(Address) Fulton, Mo.