

APR 18 1936

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

Do not use this space.

10408

1. PLACE OF DEATH

County FranklinRegistration District No. 391Township AcaciaPrimary Registration District No. 5546aCity Wentzville (No.)

File No.

Registered No. 19

St. Ward)

2. FULL NAME

Mrs. Narcie Price(a) Residence, No. Home for Aged Baptists St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 11 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

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)

January 26, 1851

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

85113

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)

Carroll Co. Mo.

MOTHER FATHER

13. NAME

Lewey Elder

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

Don't know

15. MAIDEN NAME

Don't know

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

Don't know

17. INFORMANT (ADDRESS)

Wm. Shnell
Wentzville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Wentzville, Mo DATE May 11, 1936

19. UNDERTAKER (ADDRESS)

Herman White & Son
Wentzville Mo

20. FILED

Mar 10 1936 R.A. Rasche

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10, 193622. I HEREBY CERTIFY, That I attended deceased from Oct 2, 1935, to Mar 9, 1936I last saw him alive on Mar 9, 1936 Death is saidto have occurred on the date stated above, at 10309 m.

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

Chronic Brights Disease

Date of onset

Other contributory causes of importance:

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) E.H. Barnhouse, M. D.(Address) Wentzville Mo

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.

THIS IS A PERMANENT RECORD

