

MAR 29 1937

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

Do not use this space.

9239

1. PLACE OF DEATH

108 County Vernon
24 Township
1 City Schell City (No.)

Registration District No. 877
Primary Registration District No. 45-30

File No.
Registered No.
St. Ward)

2. FULL NAME

George Huston Price

(a) Residence, No. St. Ward.
(Usual place of abode)

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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 23-1863

7. AGE YEARS 73 MONTHS 4 DAYS 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
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) 1931 11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER FATHER 13. NAME John Price

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

15. MAIDEN NAME Eliza Nelson

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

17. INFORMANT Neat Price (ADDRESS) Neada No

18. BURIAL, CREMATION, OR REMOVAL PLACE Green Lawn Cemetery DATE Feb. 16, 1937

19. UNDERTAKER (ADDRESS) Lute Lewis, Jr. Son Schell City, Mo.

20. FILED 2-15 19 37 Pearl Peters Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 12 1937 to Feb 12 1937

I last saw him alive on Feb 12 1937 Death is said to have occurred on the date stated above, at 4 P. m.

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

Unknown Date of onset
11502
Other contributory causes of importance:
"Disease of Heart & Lung"
"Probably"

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? no
If so, specify

(Signed) J. P. Calvert M. D.
(Address) Schell City Mo

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.

