

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH

County *Perry*
Township *Central*
City _____ (No. _____) St. _____ Ward _____

Registration District No. *660*
Primary Registration District No. *5878*

File No. *17198*
Registered No. _____

2. FULL NAME

Grover C. 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

MEDICAL CERTIFICATE OF DEATH

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 *Sarah Price*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 20 1888*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<i>48</i>	<i>5</i>	<i>10</i>	

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Madison Co. Mo.*

13. NAME *A. W. Price*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *North Co. Mo.*

15. MAIDEN NAME *Rilecca Venable*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Madison Co. Mo.*

17. INFORMANT (ADDRESS) *Mrs Grover Price, Council Bluffs*

18. BURIAL, CREMATION, OR REMOVAL PLACE *York Chapel Co.* DATE *May 2 1937*

19. UNDERTAKER (ADDRESS) *Young & Sons, Burlington*

20. FILED *May 1 1937* *Jose J. Zollner* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 30 1937*

22. I HEREBY CERTIFY, That I attended deceased from *4-19-1937* to *April 30-1937*

I last saw him alive on *April 26 1937*. Death is said to have occurred on the date stated above, at *9:40 P.M.*

The principal cause of death and related causes of importance were as follows:
Acute Uremia Date of onset *4-27-37*

Other contributory causes of importance:
Perineal Protrusion - Not Known

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) *Dr. L. L. Peltz* M. D.
(Address) *Gerrysville, Mo.*

Exact statement of OCCUPATION is very important.

1956

**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Perry

Registration District No. 660

Township Central

Primary Registration District No. 5878

City _____ (No. _____)

File No. 17198

Registered No. _____

St. _____ Ward _____

2. FULL NAME

Grover C. Price

(a) Residence, No. _____ St. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 30, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____

I last saw h..... alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
48 5- 10

acute pneumonia Date of onset _____

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

Other contributory causes of importance _____
Phonograph

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS)

20. FILED June 29, 1937 Joe J. Zeller Registrar

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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) L. L. Felt, M. D.

(Address) Perryville Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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