

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

Do not use this space.

17676
25

MAY 1 1937

1. PLACE OF DEATH
 977 County Saline Registration District No. 795
 Township Grand Pass Primary Registration District No. 6037
 City _____ (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME NELLIE 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 Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 10, 1894
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 7 0

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Between April 10, 1937 and April 27, 1937
 22. I HEREBY CERTIFY, That I held inquest attended deceased from April 27, 1937, 19____, 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:

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shoe worker
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. International Shoe Co.
 10. Date deceased last worked at this occupation (month and year) _____
 11. Total time (years) spent in this occupation _____

By strangulation
Murdered
 Other contributory causes of importance: _____
 Date of onset _____

MOTHER FATHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall, Mo.
 13. NAME Oliver Price
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 15. MAIDEN NAME Taney J. Crank
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes
 23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? 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.

17. INFORMANT (ADDRESS) Oliver Price, Marshall, Mo.
 18. BURIAL, CREMATION OR REMOVAL PLACE Bridge Park Cem. DATE Apr. 29, 1937
 19. UNDERTAKER (ADDRESS) Short & M. Cray, Marshall, Mo.
 20. FILED 4-28-37 Raymond Gene Registrar.

Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) B. C. Bradshaw, M. D.
 (Address) Arrow Rock, Mo.
Council of Saline County, Missouri

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. No. 2 should be written on reverse.

