

K. 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.

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

Do not use this space.

JUN 23 1937

1. PLACE OF DEATH

County Madison Registration District No. 538
 Township Mine La Motte Primary Registration District No. 6230
 City (No. 2) St. _____ Ward _____

File No. 20636
 Registered No. 36
 St. _____ Ward _____

2. FULL NAME William James Priest

(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

3. SEX <u>M.</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widower</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Martha Lucinda Moore</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 27, 1854</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>11</u>	DAYS <u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Mined</u>		
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) <u>1917</u>		
11. Total time (years) spent in this occupation		

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

13. NAME Robert Priest

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

15. MAIDEN NAME Prudea Thomason

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

17. INFORMANT (ADDRESS)
Shelby Priest, Mine La Motte, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mine La Motte DATE May 20, 1937

19. UNDERTAKER (ADDRESS)
Ed W. Bell, 2nd and 1st Sts., Mine La Motte, Mo.

20. FILED May 20, 1937 S. C. Slaughter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1937 to May 18, 1937
 I last saw him alive on May 14, 1937 Death is said to have occurred on the date stated above, at 7:20 P. M.
 The principal cause of death and related causes of importance were as follows:

Chronic Nephritis
 (14)

Other contributory causes of importance:
Arterio Sclerosis with Valvular Heart Disease

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? No
 If so, specify _____ (Signed) W. Harry Brown, M. D.
 (Address) 7 Springfield Ave.

By Dr. W. Schrammer.

