


 1937

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

Do not use this space.

1. PLACE OF DEATH

 County Swainston
 Township Chillicothe
 City _____ (No. _____)

 Registration District No. 508
 Primary Registration District No. 5674

 File No. 24200
 Registered No. PS
 St. _____ Ward _____

 2. FULL NAME William M 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 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 Fannie Price

 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept - 10 - 1846

 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 9 10

 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) Cumberland Gap Tennessee

 13. NAME William M Price

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

 15. MAIDEN NAME Unknown

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

 17. INFORMANT Fannie Price (ADDRESS) Chillicothe Mo

 18. BURIAL, CREMATION, OR REMOVAL PLACE Edgewood Cem DATE June 21, 1937

 19. UNDERTAKER Jas D Gordon (ADDRESS) Chillicothe Mo

 20. FILED JUNE 21 1937 Donald B. Howell, D.D. Registrar

 21. DATE OF DEATH (MONTH, DAY, AND YEAR) June - 20 - 1937

 22. I HEREBY CERTIFY, That I attended deceased from Feb 1 - 1937, to June 20 - 1937.

 I last saw him alive on June 19 - 1937. Death is said to have occurred on the date stated above, at 3:30 p.m.

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

Arterio sclerosis

 Other contributory causes of importance: gangrene both feet

Name of operation _____ Date of _____

 What test confirmed diagnosis? EX 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) W. M. Price, M. D.

 (Address) Chillicothe - Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Cause of death to be extremely accurate. ROSE should be stated EXACTLY. PHYSICIANS should state

