

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

Do not use this space.

**Oct 18 1937**

**1. PLACE OF DEATH**

County BUCHANAN Registration District No. 85  
 Township WASHINGTON Primary Registration District No. 1001  
 City ST. JOSEPH (No. ST. JOSEPH HOSPITAL St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 33685  
 Registered No. 994

**2. FULL NAME** MABEL MARIE PRICE

(a) Residence, No. 709 SOUTH NINTH ST. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 34 yrs. 1 mo. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST 9, 1903

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
34 1 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. EM PLOYEE  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. WYATT & GREEN PAPER BOX CO.  
 10. Date deceased last worked at this occupation (month and year) UNK 11. Total time (years) spent in this occupation UNK

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. JOSEPH MISSOURI

FATHER 13. NAME MARK ASHLOCK  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GENTRY COUNTY, MO.

MOTHER 15. MAIDEN NAME Lellie May Brown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana

17. INFORMANT JOSEPHINE TOLIN-DAUGHTER  
 (ADDRESS) 2518 SO. 16TH ST. ST. JOSEPH, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE ASHLAND DATE SEPT. 16, 1937

19. UNDERTAKER FLEEMAN & SON INC.  
 (ADDRESS) 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED 9/15 1937 J. H. [Signature]  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT. 14, 1937 '19

22. I HEREBY CERTIFY, That I attended deceased from 9-3, 1937, to 9-14, 1937.  
 I last saw h. ER alive on 9-14, 1937. Death is said to have occurred on the date stated above, at 7:50 P. m.  
 The principal cause of death and related causes of importance were as follows:

Asphyxiation  
2 Embolization  
By pulmonary  
 Other contributory causes of importance: 92a

Name of operation no Date of \_\_\_\_\_  
 What test confirmed diagnosis? Lab + Culture Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? X 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 X  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_ M. D.  
 (Signed) [Signature]  
 (Address) 303 Republic Bldg

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.

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