NOV 24 1937

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

Do not use this space.

File No. 39054

Registered No. 282

Registration District No. 875 4 1

Primary Registration District No. 6162

1. PLACE OF DEATH
County: Vernon
Township: Washington
City: Nevada (No. ..., ..., St. ..., Ward)

2. FULL NAME: Annie Frances Price
(a) Residence, No. Sheldon, Mo State Hosp #3 (Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 4 yrs. 9 mos. 24 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): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ben K. Price
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 4, 1870
7. AGE: Years 67 Months 2 Days 25 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
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): Missouri

FATHER
13. NAME: Murray Tyler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

MOTHER
15. MAIDEN NAME: Frances Corbin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Records of State Hosp #3
18. BURIAL, CREMATION, OR REMOVAL PLACE: Sheldon, Mo DATE: 10-30 1937
19. UNDERTAKER (ADDRESS): Beery & Sons Sheldon Mo
20. FILED: 10/29 1937 Allen V. Hays Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 29. 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1937, to Oct. 29, 1937, that I last saw her alive on Oct 27, 1937. Death is said to have occurred on the date stated above, at 1:40 p.m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Arteriosclerosis | 1933 |
| Other contributory causes of importance: | |
| Cerebral Hemorrhage | 1932 |

Name of operation: none 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: none
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify:
(Signed) A. C. Miller, M. D.
(Address) State Hospital #3 Nevada, Mo.

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.