DEC 14 1937

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

Do not use this space.

File No. 40543

Registered No.

1. PLACE OF DEATH
County: Atchison
Township: Nishnebotna
City: Watson (No. , St. Ward)
Registration District No. 21
Primary Registration District No. 5-02-9

2. FULL NAME: Still Born 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

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 5 - 1937
7. AGE: Years: Still Born. Months: Days: If LESS than 1 day, hrs. or min.

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

FATHER
13. NAME: Beulah Price
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee

MOTHER
15. MAIDEN NAME: Bertha Mortimore
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fremont Co. Iowa

17. INFORMANT (ADDRESS): Mrs Beulah Price Watson Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Sage DATE: Nov 5 1937
19. UNDERTAKER (ADDRESS): J. E. Burham Rock Port Mo
20. FILED: Nov 20 1937 J. A. Gray (Registrar.)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 5 1937
22. I HEREBY CERTIFY, That I attended deceased from Nov. 5 1937, 19..., to 19..... I last saw him alive on still born, 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:

Baby was still born premature Nov. 5, 1937. No known cause of still birth.

Date of onset

Other contributory causes of importance:

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?
If so, specify:
(Signed) William R. Strickland, M. D.
(Address) Rockport, Mo.