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.

LEGD NOV 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County Butler — Registration District No. 89 — File No. 25228

Township — Primary Registration District No. 3007 — Registered No. 196

City Poplar Bluff (No. , North 11th. St. St. Ward)

2. FULL NAME Charles Franklin Priest

(a) Residence, No. 11th. Street St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: 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: Libbie Priest

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 19, 1877

7. AGE: Years 60 — Months 11 — Days 24 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Painter
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): Potosi, Missouri

FATHER

13. NAME: Joseph Priest
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

MOTHER

15. MAIDEN NAME: Elizabeth Magill
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

17. INFORMANT (ADDRESS): Mrs. Libbie Priest, Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL: City Cemetery
PLACE Poplar Bluff, Mo. DATE 10/14 1938

19. UNDERTAKER (ADDRESS): Frank Und. Co., Poplar Bluff, Mo.

20. FILED 10/14 1938 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct. 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1936 to Oct 13, 1938
I last saw him alive on Oct 10, 1938. Death is said to have occurred on the date stated above, at 12:10a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of lips — Date of onset

46 ½

Other contributory causes of importance: Metastasis to stomach & intestines

Name of operation Laparotomy Date of 1937
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) [signature], M. D.
(Address) Poplar Bluff Mo.