

MISSOURI STATE BOARD OF HEALTH

Do not use this space.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33800

1. PLACE OF DEATH

County Washington

Registration District No. 887

Township Kingston

Primary Registration District No. L187

City

(No. _____)

St. _____

Ward _____

2. FULL NAME Marvin Eugene 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 M

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/6 1937

22. I HEREBY CERTIFY, That I attended deceased from no physician 19 to 19

I last saw him alive on never 19 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:

Fracture of skull Date of onset

(Conscious Regress)

Other contributory causes of importance:

Automobile accident

skull crushed by car, after turning over.

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury 8-6 1937

Where did injury occur? Washington Co.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury public place - Highway

Nature of injury crushed skull

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Jos. L. Thurman, Coroner M. D.

(Address) Patton, Mo.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/31/35

7. AGE

YEARS 2

MONTHS

DAYS 6

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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) Rushwoods Mo.

FATHER

13. NAME Robert E. Price

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leadwood Mo.

MOTHER

15. MAIDEN NAME Sarah Cain

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Potosi Mo.

17. INFORMANT Robert E. Price

(ADDRESS) Rushwoods Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Rushwoods Mo. DATE 8/8 1937

19. UNDERTAKER Jos. L. Thurman

(ADDRESS) Patton Mo.

20. FILED Oct 1 39 G.F. Creswell Registrar

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

