

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.

72

1940

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

3172
Do not use this space.

1. PLACE OF DEATH
 (a) County New Madrid Registration District No. 607
 (b) ~~Township~~ LITTLE RIVER Primary Registration District No. 5806 Registered No. 1
 (c) City PORTA GARLAND or St. Louis Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number)
 (d) _____ St.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME ZORA MAY PRICE
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 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 WILLIAM PRICE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1902

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
37

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

9. Industry or business in which work was done, as 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) Olin County, Missouri

FATHER 13. NAME Joe Brown
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Don't know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT William Price (ADDRESS) Portageville, Mo.

18. BURIAL CREMATION, OR REMOVAL PLACE Portageville, Mo. DATE 12-24-1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ac Leal Funeral Home, Portageville, Mo.

20. FILED Jan 27, 1940 Mary W. Cook Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec., 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec., 12th, 1939, to Dec., 21, 1939.
 I last saw her alive on Dec., 21, 1939, 19____. Death is said to have occurred on the date stated above, at 10 A. m.
 The principal cause of death and related causes of importance were as follows:
Strepto-Staph Infection throat
Result septicaemia Dec. 6th, 39

Other contributory causes of importance:
Acute endocarditis - Sequel

Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? None

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? None
 If so, specify _____ (Signed) A. A. Reuber, M. D.
535 (Address) Portageville, Mo.

RECEIVED

District Health Officer No. 2,

District File Number 240-55

Date Filed 7/8/40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.