

FILED DEC 16 1940

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

Do not use this space.

1. PLACE OF DEATH

County DeKalb  
Township Camden  
City Maysville

Registration District No. 259  
Primary Registration District No. 4158

File No. 38587  
Registered No. \_\_\_\_\_

2. FULL NAME Cornelia Armstrong Price

(a) Residence, No. Maysville Mo St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Several years 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 5 1864

7. AGE YEARS 76 MONTHS 2 DAYS 2 If LESS than 1 day, .....hrs. or .....min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home  
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) DeKalb Co. Mo. (STATE OR COUNTRY)

13. NAME Joseph D. Armstrong

14. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)

15. MAIDEN NAME Mary Bledsoe

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

17. INFORMANT Mrs. Etta Dice (ADDRESS) Stewartsville Mo.

18. BURIAL, CREMATION, OR REMOVAL Oak Lawn, Maysville DATE 11/9-40

19. UNDERTAKER Pilcher Funeral Home (ADDRESS) Maysville Mo

20. FILED 11-10 1940 Ethel H. Powell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/7-40

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1st 1940, to Nov. 7 1940

I last saw her alive on November 7 1940 Death is said to have occurred on the date stated above, at 4p m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset  
Arterio sclerosis

Other contributory causes of importance: Arterio sclerosis

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) D. E. O. Smith D.O. (Address) Mayaville 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.

Embalmed by C.T. Pilcher, Maysville Mo.

Mo. Licence # 3960

*C. T. Pilcher*