

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

21999  
3

File No. ....  
Registered No. 3 .....  
St. .... Ward)

1. PLACE OF DEATH  
County Livingstone  
Township Farmers  
City Avalon (No. ....)

Registration District No. 5-11  
Primary Registration District No. 5-680

2. FULL NAME Jonas Webster Price  
(a) Residence No. .... St. .... Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred 62 yrs. 2 mos. 2 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 Corella Price

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3 6 1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, X hrs. or X min.  
82 | 3 | 8

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Retired Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer).  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ferrisburg  
(STATE OR COUNTRY) Vermont

10. NAME OF FATHER John Price

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ferrisburg  
(STATE OR COUNTRY) Vermont

12. MAIDEN NAME OF MOTHER Mary Peck

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ferrisburg  
(STATE OR COUNTRY) Vermont

14. INFORMANT Ida Price Roberts  
(Address) Keno Nevada

15. FILED June 12 1929 Mrs. Chas. Ludwig  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 11 1929

17. I HEREBY CERTIFY That I attended deceased from May 30, 1929, to June 11, 1929 that I last saw him alive on June 8, 1929, and that death occurred, on the date stated above, at 9 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Hemorrhage  
82A

CONTRIBUTORY (SECONDARY) W.H.A.  
(duration) yrs. mos. ds. 12 ds.

18. WHERE WAS DISEASE CONTRACTED?  
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) O.P. Edwards, M.D.  
6/11, 1929 (Address) Lima, Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Avalon Cemetery DATE OF BURIAL 6 12 1929

20. UNDERTAKER W.A. Farabee ADDRESS Pina Mo

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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