

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

Do not use this space.

18517

File No. _____
Registered No. 38
St. _____ Ward _____

1. PLACE OF DEATH

110 County Washington
Township Liberty
City _____ (No. _____)

Registration District No. 987
Primary Registration District No. 6181

2. FULL NAME

Charles 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/14, 1932

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

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1932, to May 12, 1932

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-3-1875

I last saw him alive on May 12, 1932. Death is said to have occurred on the date stated above, at 7:30 a.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 57 2 19

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

Acute Infection
130
112 130

Date of onset Pneumonia
5-6-32

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: bronchial catarrh (7)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Francis Co Mo

13. NAME Heaman Price

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Francis Co Mo

15. MAIDEN NAME Maey Ann Lawson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 51

17. INFORMANT Howard Forester (ADDRESS) Potosi Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Potosi DATE 5/14 1932

19. UNDERTAKER (ADDRESS) J. B. BOYER & SON
POTOSI, MO.

20. FILED 5-14 1932 Jon. L. Thurman Registrar

Name of operation _____ Date of _____
What test confirmed diagnosis? examined Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1932

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? No
If so, specify _____

(Signed) Thomas A. Dempsey M.D.
(Address) Potosi Mo

DEC 6 1952