

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

Do not use this space.

21727

1. PLACE OF DEATH

105 County Sullivan
Township Pock
City..... (No.....)

Registration District No. 852
Primary Registration District No. 6120

File No.....
Registered No.....
St..... Ward.....

2. FULL NAME

Henry William Price

(a) Residence, No..... St..... Ward.....
(Usual place of abode)
Length of residence in city or town where death occurred 40 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Hannah Jane Price

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 6, 1852
7. AGE YEARS 78 MONTHS 10 DAYS 08 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) until last illness 11. Total time (years) spent in this occupation Lifetime

12. BIRTHPLACE (CITY OR TOWN) Sullivan Co., Missouri
(STATE OR COUNTRY)

FATHER 13. NAME John Price
14. BIRTHPLACE (CITY OR TOWN) St Charles Co., Missouri
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Hannah Baldrige
16. BIRTHPLACE (CITY OR TOWN) St Charles Co., Missouri
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Mrs. H. W. Price, Milan, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood Cem. DATE June 15, 1932

19. UNDERTAKER (ADDRESS) C. A. Scherer, Milan, Mo.

20. FILED 6/21 1932 Margue Deaffer Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from 1928, 1932, to June 14, 1932
I last saw him alive on June 14, 1932. Death is said to have occurred on the date stated above, at 1:32 a.m.

The principal cause of death and related causes of importance were as follows:
Abscess lower lobe left lung with hemorrhage
210M
114B
Date of onset 1
Other contributory causes of importance:
Trauma to chest - seven blow-knocked down by automobile about 12:00 a.m.

Name of operation..... Date of.....
What test confirmed diagnosis? None 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 May 27, 1932
Where did injury occur? milan mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. public place
Manner of injury knocked down
Nature of injury contusion chest

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) Earl H. Koon, M. D.
(Address) Milan, 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.

CH '7 1932

