

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

Do not use this space.

12856

**1. PLACE OF DEATH**

County Dunklin Registration District No. 282  
Township Union Primary Registration District No. 5401  
City (No. ....) St. .... Ward)

File No. ....  
Registered No. 19

**2. FULL NAME**

not named  
(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**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 6<sup>th</sup> 1933</u>		
7. AGE	YEARS	MONTHS
	<u>—</u>	<u>—</u>
		DAYS
		<u>3</u>
		IF LESS than 1 day, .... hrs. or .... min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
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) (STATE OR COUNTRY) <u>Campbell MO</u>		
13. NAME <u>Elta G. Price</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clarkton MO</u>		
15. MAIDEN NAME <u>Mary L. Pantney</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Campbell MO</u>		
17. INFORMANT (ADDRESS) <u>Father</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	DATE	19
19. UNDERTAKER (ADDRESS)		
20. FILED <u>April 9, 1933 Benjamin D. Foy</u>		

**MEDICAL CERTIFICATE OF DEATH**

1  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr 6, 1933 to Apr 9, 1933  
I last saw h. .... alive on ...., 19.... Death is said to have occurred on the date stated above, at .... m.  
The principal cause of death and related causes of importance were as follows:  
Premature Labor  
Date of onset  
159

Other contributory causes of importance  
159

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) John L. Brown, M. D.  
(Address) Campbell 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.

MAY 22 1933

