

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

Do not use this space.

JAN 13 1936

39054

1. PLACE OF DEATH

County Crawford Registration District No. 1113
Township Orange Primary Registration District No. 5317
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. 7

2. FULL NAME

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Laura Priest
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26-1884
7. AGE YEARS 51 MONTHS 3 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/26-1935
22. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1935, to Dec 24, 1935
I last saw him alive on Dec 24, 1935. Death is said to have occurred on the date stated above, at 4 P.M.
The principal cause of death and related causes of importance were as follows:

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

Date of onset 24th
Myocarditis
Other contributory causes of importance: _____
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

MOTHER FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jedroin, DeWitt County, Mo
13. NAME Jerry Mack Priest
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Crawford, Mo
15. MAIDEN NAME Marie Jedroin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeWitt County, Mo

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.

17. INFORMANT Wm. L. Priest (ADDRESS) 4512 Wichita ave St. Louis Mo
18. BURIAL, CREMATION, OR REMOVAL Memorial Park Cemetery (ADDRESS) St. Louis Mo DATE 12/28-1935
19. UNDERTAKER J. J. Stearns (ADDRESS) St. Louis Mo
20. FILED 12-27-35 E. E. Feltz Registrar.

Manner of injury _____ Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify Yes W. Priest (Signed) _____, M. D.
(Address) St. Louis 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.

WITH OBTAINING INFO—THIS IS A PERMANENT RECORD

