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.

JUN 17 1936

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

Do not use this space.
9618-a

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 125
Township " — Primary Registration District No. 3009
City Cape Girardeau, Mo (No. ..., ... St. ... Ward)

File No.
Registered No. 148

2. FULL NAME Charles William Price
(a) Residence, No. Smelterville R.F.D.#2 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec.12,1897

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
38	3	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FIREMAN
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Lumber or a J.C. CLYDE BOAT
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) Illnois

FATHER
13. NAME Richard Price
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER
15. MAIDEN NAME Lizzie Trader
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clinton, Ind.

17. INFORMANT Mrs. Richard Price
(ADDRESS) Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairmont Cemt. DATE May 15 1936

19. UNDERTAKER Haman's Funeral Home
(ADDRESS) Cape Girardeau, Mo.

20. FILED J-15-1936 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4, 1936.

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
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:

Date of onset

Accidential Death by Explosion and Drowning, - in Missippi River on March 4th, 1936 near Grand Tower Landing.

Other contributory causes of importance:
Possible defective boiler Condition

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

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury ..., 19...
Where did injury occur? Missippi River. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Wm. G. Clyde. - Tow Boat.
Manner of injury Body Mangled.
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. A. Moore Coroner. M.D.
(Address) 130a N. Sprigg St.