

JUL 28 1937

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

Do not use this space.

23594

1. PLACE OF DEATH  
County DeKalb Registration District No. 263 File No. 25  
Township Dallas Primary Registration District No. 5365 Registered No. 3  
City (No. St. Ward)

2. FULL NAME Carrie Price  
(a) Residence, No. St. Ward. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo. F. Price  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26, 1871  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 65 6 29  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home  
10. Date deceased last worked at this occupation (month and year) June 1937 11. Total time (years) spent in this occupation Life  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio  
13. NAME Frank Sweiger  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio  
15. MAIDEN NAME Caroline Kuhl  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ohio  
17. INFORMANT (ADDRESS) Chas. Frazier R. R. 5 Pattonburg, Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Hopewell Cem. DATE June 27 37  
19. UNDERTAKER (ADDRESS) Hope Furn. & Undt. Co., Gallatin, Missouri  
20. FILED July 10 1937 James Fitzguald Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25 1937  
22. I HEREBY CERTIFY That I attended deceased from June 23 37 to June 25 37  
I last saw her alive on June 21 37 Death is said to have occurred on the date stated above, at 6:30 AM  
The principal cause of death and related causes of importance were as follows:  
Intestinal obstruction June 20 37  
Date of onset 1910  
Other contributory causes of importance: Cholecystitis, chr.  
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) James Fitzguald M. D. (Address) Wayville, Mo.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County DeKalb Registration District No. 263 File No. 23894  
 Township Dallas Primary Registration District No. 3365- Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Carrie 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**

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) \_\_\_\_\_  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
65 6 29

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. \_\_\_\_\_  
 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) \_\_\_\_\_

MOTHER FATHER  
 13. NAME \_\_\_\_\_

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME \_\_\_\_\_

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT (ADDRESS) \_\_\_\_\_

18. BURIAL, CREMATION, OR REMOVAL PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19 \_\_\_\_\_

19. UNDERTAKER (ADDRESS) \_\_\_\_\_

20. FILED July 10 1937 James Fitzgerald Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
 I last saw him 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:

Intestinal obstruction Date of onset July 8 1937

Other contributory causes of importance: probable cancer of liver no post mortem obtained

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) Glenn D. Johnson, M. D.  
 (Address) Marquette Ind

SUPPLEMENTARY

S-23594