

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

Do not use this space.

REC'D MAR 15 1938

2

1. PLACE OF DEATH
 32 County De Kalb Registration District No. 262 File No. 6599
 Township De Kalb Primary Registration District No. 4161 Registered No. _____
 City Union Star, Mo. (No. _____) St. _____ Ward) _____
 2. FULL NAME Malinda Jane Price 620
 (a) Residence, No. Union Star St. _____ Ward. _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX F. 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 Aaron Price
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8 1870
 7. AGE YEARS 87 MONTHS 7 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Jay County Indiana
 FATHER 13. NAME John Hite
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
 MOTHER 15. MAIDEN NAME Sarah Ann Wilson
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stagsboro Pa Maryland
 17. INFORMANT (ADDRESS) Aaron Price King City Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star DATE Feb. 13 1938
 19. UNDERTAKER (ADDRESS) Lucile M. Wilson King City Mo.
 20. FILED Feb 12 1938 E. M. Reynolds Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11 1938
 22. I HEREBY CERTIFY, That I attended deceased from Feb 4 1938 to Feb 11 1938
 I last saw him alive on Feb 11 1938. Death is said to have occurred on the date stated above, at 9:30 p. m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 2/4/38
\$201
 Other contributory causes of importance: Arteriosclerosis
 Name of operation _____ Date of _____
 What test confirmed diagnosis Chinical 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 _____, 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) E. M. Reynolds M. D.
 (Address) Union Star Mo
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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.

