

REC'D MAR 15 1939

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

5826
Do not use this space.

1. PLACE OF DEATH

(a) County Bates Registration District No. 266
(b) Township Depester Primary Registration District No. 2075
(c) City _____ (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

both Prestly Blackston Price
(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 30 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 2 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
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) Way Wells Iowa

FATHER 13. NAME Milton H Price

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Md

MOTHER 15. MAIDEN NAME Laura Ann Blackston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ramsey Co. Ohio

17. INFORMANT (ADDRESS) Mrs. K. L. Butcher
Butler Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Jan 9 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) de la... Butler Mo.

20. FILE Grace V Odneal Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7th 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1 1939 to Jan. 7, 39, 19...

I last saw him alive on Jan. 1, 39, 19... Death is said to have occurred on the date stated above, at 1 P. m.

The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage.

Date of onset

Other contributory causes of importance:

Name of operation None Date of _____

What test confirmed diagnosis? Exam. Was there an autopsy? Yes

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 No

(Signed) L. M. Price, M. D.

(Address) Butler Mo.

RECEIVED

District Health Officer No. 7

District File Number 7-39-3

Date Filed 2-28-39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Harry G. Newell

Licensed Embalmer No. 3111

P. O. Address Butler Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.