

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

24823
Do not use this space.

1. PLACE OF DEATH
(a) County Cape Girardeau Registration District No. 124
(b) Township 11 Primary Registration District No. 3009 Registered No. 257
(c) City Cape Girardeau (d) Street No. 10a South Spanish 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. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jackie Price
(a) Residence, No. 10a South Spanish St. St.
(Usual place of abode, if no street address, write county or city) (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) Feb. 18, 1928
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 12 5 12

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Child
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) Kennett, Mo.

FATHER 13. NAME Silvie Price
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Middle Tennessee

MOTHER 15. MAIDEN NAME Ellen Robinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger County Mo.

17. INFORMANT (ADDRESS) Silvie Price Cape Girardeau, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Fairmont Cemt. DATE July 31

19. FUNERAL DIRECTOR (NAME) (ADDRESS) L. L. Haman Cape Girardeau, Mo.

20. FILED 7-30 1940 J. M. Thompson Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1940
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:

Dr. Coroner E. P. Trickey after hearing the evidence find the deceased Jackie Price came to his death by accidental drowning while swimming in the Mississippi River at Cape Rock pier
Other contributory causes of importance: Miles north of Cape Girardeau Mo.

Name of operation 10 12 17 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? Accident Date of injury July 30, 1940
Where did injury occur? 5 miles N. of Cape Rock
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. at Cape Rock in Mississippi River
Manner of injury drowning
Nature of injury drowned while swimming in River

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) E. P. Trickey Coroner M.D.
(Address) H. S. P. ... Cape Girardeau

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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