

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

Do not use this space.

**1. PLACE OF DEATH**

73 County Newton Registration District No. 608  
Township East Franklin Primary Registration District No. 5887  
City Fairview (No. \_\_\_\_\_) (St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 9400  
Registered No. 4

**2. FULL NAME**

Joseph Hugh 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 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mahala Price  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 16<sup>th</sup> 1867  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
64 3 16

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Selinsgrove  
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Joseph H. Price

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Belle Potts

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_  
(STATE OR COUNTRY) Missouri

14. INFORMANT Victor E. Price  
(Address) \_\_\_\_\_

15. FILED March 24, 1932 R. N. Parnell  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 20 1932

17. I HEREBY CERTIFY, That I attended deceased from Mar 1 21 1932 to Mar 20 1932 that I last saw him alive on Mar 19 1932 and that death occurred, on the date stated above, at 9:30 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Mitral Leak  
92A  
(duration) 3 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 92A  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? (1)

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) S. A. Russell, M. D.  
3-21, 1932 (Address) Fairview Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Dye Cemetery DATE OF BURIAL Mar 24 1932

20. UNDERTAKER Earley M. Denny 3566 Fairview Mo.  
ADDRESS

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

APR 28 1932

