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.

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

Do not use this space.

37097

DEC 20 1934

1. PLACE OF DEATH
County Ray
Township Richmond
City Richmond (No. ..... , ... St. ..... Ward)

Registration District No. 744
Primary Registration District No. 3035

File No. .....
Registered No. 131

2. FULL NAME Mary E. 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: 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 W. H. Price

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4 1856

7. AGE: Years 78 | Months 3 | Days 27 | If LESS than 1 day, ... hrs. or ..... min.

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) Ray Co. Mo

FATHER

13. NAME Thos. A. Shuval
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray Co Mo

MOTHER

15. MAIDEN NAME Do not know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) — — —

17. INFORMANT (ADDRESS) Mrs H. R. Wilson Richmond Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Richmond Mo DATE 11/3/34, 19

19. UNDERTAKER (ADDRESS) C. M. Gaines Richmond Mo

20. FILED 11-23, 1934 E. E. Gay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/31/34, 19

22. I HEREBY CERTIFY, That I attended deceased from September 1, 1934, to October 31, 1934
I last saw her alive on October 31, 1934. Death is said to have occurred on the date stated above, at 01 20 P m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Uterus — Date of onset June 1933
Uremia
Coma

Other contributory causes of importance:
Uremic Poisoning

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? No
If so, specify .....
(Signed) R. E. G. Lemon A.B. M.D.
(Address) Richmond, Mo