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

Do not use this space.

14117

APR 26 1935

1. PLACE OF DEATH
County St. Francois — Registration District No. 779
Township Randolph — Primary Registration District No. 6024a
City Farmington (No.) , St. Ward)

File No.
Registered No.

2. FULL NAME Addie 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 | 4. COLOR OR RACE | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) |
|---|---|---|
| Female | White | Widow |

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13, 1877

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ....hrs. or ....min. |
|---|---|---|---|---|
| | 57 | 7 | 2 | |

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. House Keeper
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) Farmington R 4 St. Francois Co.

FATHER
13. NAME Robert Highley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmington R 4 St. Francois Co

MOTHER
15. MAIDEN NAME Mary Sargent
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Charles Patton
(ADDRESS) Farmington R 4

18. BURIAL, CREMATION, OR REMOVAL
PLACE Russell Chapel DATE 4/5 1935

19. UNDERTAKER C. H. Bayne
(ADDRESS) Desloge, Mo.

20. FILED 4/9 1935 W. O. Huckstuck
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/3 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935, to 4/3, 1935
I last saw h... alive on 3/15, 1935. Death is said to have occurred on the date stated above, at 6.30 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Carcinoma Liver | Jan 1 35 |

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Clinical 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? no
If so, specify —

(Signed) W. O. Huckstuck, M. D.
(Address) Desloge Mo

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.