

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

26042

**1. PLACE OF DEATH**

County Jackson Registration District No. 333 File No. 3385  
 Township New Primary Registration District No. \_\_\_\_\_ Registered No. \_\_\_\_\_  
 City Kansas City (No. 3336 Benton Blvd.) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mr Turley Wilson Price  
 (a) Residence No. 3336 (Benton Blvd.) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 18 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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 or (or) WIFE of Mrs Sarah Edna Price

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 10 - 1853

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
68 2 23

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Furniture  
 (b) General nature of industry, business, or establishment in which employed (or employer) P. W. Price Furniture  
 (c) Name of employer 1308-10 Grand

9. BIRTHPLACE (CITY OR TOWN) Morgan Co Ohio  
 (STATE OR COUNTRY) Halls Valley Ohio

10. NAME OF FATHER James M. Price

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Halls Valley Ohio  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Jane Keenan

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Halls Valley Ohio  
 (STATE OR COUNTRY)

14. INFORMANT Arthur G. Price  
 (Address) 2209 E 30th St

15. FILED 10/4, 1921. M. M. Crowe  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 3 19 21

17. I HEREBY CERTIFY, That I attended deceased from May 21, 1919, to Oct 2, 1921.  
 that I last saw h. alive on Oct 2, 1921, and that death occurred, on the date stated above, at 3:20 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Arterio sclerosis  
9351  
97

CONTRIBUTORY (SECONDARY) Chronic Hypertension  
 (duration) 2 yrs. 6 mos. da.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_  
 IF NOT IN PLACE OF DEATH \_\_\_\_\_  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? Phys Exam.  
 (Signed) R. J. Sloan, M. D.  
10-4, 1921 (Address) North 21st

\*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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mount Washington DATE OF BURIAL 10/5 19 21

20. UNDERTAKER Eylar Bros ADDRESS 1800 Linwood

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.

