

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

Do not use this space.

39031

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis* (No. *4305 Maffitt Ave.*)

Registration District No. **791**
Primary Registration District No. **1003**

File No.....
Registered No. **11747**
St. Ward)

2. FULL NAME

Emma Price
(a) Residence. No. *4305 Maffitt* St. *11* 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *Negro* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *July 13 1897*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
30 10 13

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) *Jefferson County*
(STATE OR COUNTRY) *Missouri*

10. NAME OF FATHER *Thorton Perkins*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Miss.*
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Wattie Perkins*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Miss.*
(STATE OR COUNTRY)

14. INFORMANT *Willie Price*
(Address) *4305 Maffitt Ave.*

15. EC 30 1921 FILED 19 *Mark Starkeroff*

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *12 26 27*

17. I HEREBY CERTIFY, That I attended deceased from *12 26 27* to *12 27 27* that I last saw him alive on *12 26 27*, 19*27*, and that death occurred, on the date stated above, at *11:50 A.M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

*Tubercular Bronchitis
Chronic*
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) *31*
(duration) yrs. mos. da.

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

19. DID AN OPERATION PRECEDE DEATH? DATE OF.....

20. WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *Frank Perry, M.D.*
130 1927 (Address) *4452 Kemmerly*

*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.

21. PLACE OF BURIAL, CREMATION, OR REMOVAL *Washington Park* DATE OF BURIAL *1-1-1927*

22. UNDERTAKER *C. J. Yates* ADDRESS *4109 1/2 Franklin*

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.

2