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.

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

Do not use this space.

File No. 27526
Registered No. 3602

1. PLACE OF DEATH
County: Jackson
Township: Raw
City: K. C. Mo. (No. 900 Topping St. Ward)
Registration District No.
Primary Registration District No.

2. FULL NAME: Evelyn Pauline Price
(a) Residence. No. 900 Topping St., 10 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: Fe.
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child
6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 29-1926

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
2	0	29	

8. OCCUPATION OF DEACESED
(a) Trade, profession, or particular kind of work: Child
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): K. C.
(STATE OR COUNTRY): Mo.

PARENTS
10. NAME OF FATHER: Dave. Price.
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Ethel Degong
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): Mo

14. INFORMANT: Dave Price
(Address): 900 Topping

15. FILED 8/30, 1928 M. M. Browne
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 28 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1928, to 19..., that I last saw her alive on Aug 28, 1928 and that death occurred, on the date stated above, at 7.30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gastro-Enteritis

B (duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY) Convulsions / Nosophyeumgh (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Opinion

(Signed) M. T. Greene, M. D.
8/29, 1928 (Address) 402 Northwestern Bldg.

*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: Elmwood — DATE OF BURIAL: Aug 28 1928
20. UNDERTAKER: Rose & Henderson — ADDRESS: 15-4 Jackson

Greenly
31 at Frost

Hy. 1300
1 to 3