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.

V 6780

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

Do not use this space.

30679

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. [illegible]
Township Kaw — Primary Registration District No. 1062 — Registered No. [illegible]
City K. C. Mo. (No. 3217 Prospect Av. St. ..... Ward)

2. FULL NAME Elizabeth Price
(a) Residence. No. 3217 Prospect St., ~~14~~ 13 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Jefferson J. Price

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct-26-1834

7. AGE: Years 93 — Months 10 — Days 29 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

PARENTS
10. NAME OF FATHER: Jacob Tinsman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): No Record
12. MAIDEN NAME OF MOTHER: No record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): no record

14. INFORMANT: Jefferson J. Price
(Address) 3217 Prospect

15. FILED 9/26, 1928 M. M. Crowe, Registrar
Asm

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept-25 1928

17. I HEREBY CERTIFY, That I attended deceased from July, 19..., to Sep. 26, 1928, that I last saw her alive on Sep. 25, 1928, and that death occurred, on the date stated above, at 11 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Uremic Poisoning

1B1
1B2A

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY): Nephritis Acute ex-acerbation of a chronic Nephritis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) H. N. Jennett, M. D
9/25/28, 19 (Address) 2701 Forest

*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: Mt. Washington — DATE OF BURIAL: Sept-26-1928

20. UNDERTAKER: Mrs. C. L. Forster — ADDRESS: K. C. Mo.

1120 Rialto
6780 Victor
3-5 mm
2701 Forest
gr. 5158 -