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.

240

1. PLACE OF DEATH

County Buchanan Registration District No. 85 File No.

Township Primary Registration District No. 100 Registered No. 83

City St. Joseph, (No. St. Joseph's Hospital St. Ward)

2. FULL NAME John William Price,

(a) Residence. No. St. Ward. Maysville, Missouri,
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 14 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)
Male	White	Married,

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lu Price,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 12, 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	55	10	8	

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

9. BIRTHPLACE (CITY OR TOWN) DeKalb County, (STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER George Price,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) DeKalb Co., (STATE OR COUNTRY) Missouri,

12. MAIDEN NAME OF MOTHER Arminta Strong,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) DeKalb Co., (STATE OR COUNTRY) Missouri,

14. INFORMANT Mrs. John W. Price
(Address) Maysville, Mo.

15. FILED JAN 20 1930 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jany 20 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 6, 1930 to Jan 20, 1930 that I last saw him alive on Jan 20, 1930, and that death occurred, on the date stated above, at 9:15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis - chronic, arterio-sclerotic.
121
92 D
(duration) 2 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Hypertension - Myocarditis Uremia (duration) yrs. 1 mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Maysville, Mo.
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory
(Signed) J. G. Thompson Jr. M. D.
1/20, 1930 (Address) 825 Charles St. St Joseph, Mo.

*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	DATE OF BURIAL
Maysville, Mo. via auto	Jan. 22 1930

20. UNDERTAKER	ADDRESS
Heaton-Bedsole & Bowman Funeral Home	319 S. 10 St.