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

Do not use this space.

8923

File No. 8923

Registered No. 8 15103

1. PLACE OF DEATH

County: Jackson — Registration District No. 899

Township: Kaw — Primary Registration District No. 8002

City: Kansas City (No. 3215 Cleveland. St. ..... Ward)

2. FULL NAME: Levina E. Price

(a) Residence. No. 3215 Cleveland St., 14 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred: 51 yrs. mos. 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)
F.	Wh.	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 7. 1855.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
75	1	16	

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): Ill.

PARENTS

10. NAME OF FATHER: A. Faith

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: Frank A. Price.
(Address): 3215 Clevland Ave.

15. FILED 3/24, 1930 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mch. 23. 1930.

17. I HEREBY CERTIFY, That I attended deceased from March 8, 1930, to March 23, 1930 that I last saw her on ..... alive on March 17, 1930, and that death occurred, on the date stated above, at 11:10 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Auricular Fibrillation
PCH
(duration) yrs. mos. 15 ds.

CONTRIBUTORY (SECONDARY): Auricular Fibrillation
(duration) yrs. mos. 15 ds.

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

(Signed) Kenneth G. Davis, M. D.
3/24/1930 (Address) 3305 Woodland Kansas City 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: (Maple Hill Cemetery) — DATE OF BURIAL: 3/25/ 1930

20. UNDERTAKER: Gates Funeral Home — ADDRESS: K.C.Ks.

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.

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Dr. Dams
937- Realto Bldg