

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

Do not use this space.

30185

1. PLACE OF DEATH

County Jackson
Township Raw
City Kansas City (No. 3111 E. 16th)

Registration District No. 399
Primary Registration District No. 1002

File No. 2004
Registered No. 2004
St. _____ Ward _____

2. FULL NAME

Melvin Price
(a) Residence. No. 3111 E. 16th 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M.

4. COLOR OR RACE

Col.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

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

Nov. 25, 1863

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

66

10

4

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Laborer

(b) General nature of industry, business, or establishment in which employed (or employer).

Rock Quarry

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

10. NAME OF FATHER

John Price

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Ky.

12. MAIDEN NAME OF MOTHER

Mary

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

14. INFORMANT

(Address)

Emma Price
3111 E. 16th Street

15. FILED

10/1/30

M. M. Kerowe

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Sept 29 1930

17.

I HEREBY CERTIFY, That I attended deceased from Sept 29 1930 to Sept 29 1930 that I last saw him alive on Sept 28 1930, and that death occurred, on the date stated above, at 2 P. M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Chronic Fibrous Myocarditis
9.5 B
111 B (duration) years mos. ds.

CONTRIBUTORY (SECONDARY)

acute dilatation of heart and pulmonary oedema (duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH?

no DATE OF _____

WAS THERE AN AUTOPSY?

yes

WHAT TEST CONFIRMED DIAGNOSIS?

autopsy

(Signed) J. W. Dunlap M. D.

Sept 30, 1930 (Address) Free Memorial Hosp 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

DATE OF BURIAL

Providence
Independence Cemetery

Oct 3 1930

20. UNDERTAKER

ADDRESS

Hatkinson

1729 Lydia

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.

