

NOV 21 1930

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

Do not use this space.

32112

1. PLACE OF DEATH

County Buchanan Registration District No. 83 File No. 7
Township Marion Primary Registration District No. 5723 Registered No. 7
City Easton (No.) St. Ward)

2. FULL NAME Richard S Price

(a) Residence. No. St. Ward. (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>June 9 1858</u>		
7. AGE	YEARS <u>72</u>	MONTHS <u>4</u>
	DAYS <u>6</u>	IF LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Retired merchant</u> (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) Clinton County mo

PARENTS	10. NAME OF FATHER <u>Henry Price</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>N. C.</u>
	12. MAIDEN NAME OF MOTHER <u>Francis Sims</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Clay County mo</u>

14. INFORMANT Carl Wuppel
(Address) R.F.D. #4 St Joseph mo

15. FILED 11/10 1930 D.F. Bigham MD
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 15 1930

17. I HEREBY CERTIFY, That I attended deceased from viewed on, 19....., to, 19....., that I last saw h..... alive on, 19....., and that death occurred, on the date stated above, at 9:30 A..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Suicide, by Hanging in own home at Easton mo,
105 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) none (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 105
NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS History
(Signed) W. T. Adley Colonel, M. D.
10/15 1930 (Address) 82 Francis

*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 Fremont Chapel DATE OF BURIAL Oct 17 1930

20. UNDERTAKER E. G. Lyon ADDRESS Stewartville Mo.

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.

