

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

Do not use this space.

25178

1. PLACE OF DEATH

County Jackson
Township Law
City Marion (No. 2500 Grand Ave)

Registration District No. 399
Primary Registration District No. 1002

File No. 3013
Registered No. 3013
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2000 Parkway Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 9 mos. ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Virginia Price

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 1892

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>39</u>	<u>10</u>	<u>21</u>	

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Walter

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cafe

10. Date deceased last worked at this occupation (month and year) Aug 1 - 1932 11. Total time (years) spent in this occupation 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

13. NAME Daniel Price

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Virginia Price
(ADDRESS) 2000 Parkway

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE Aug 4

19. UNDERTAKER Adrian Brown
(ADDRESS) 2000 E - 12th St.

20. FILED Aug 3 1932 M. M. Crowe Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1 - 1932

22. I HEREBY CERTIFY That I attended deceased from _____ 19____ to _____ 19____

I last saw h. John alive _____ Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Metastatic Regurgitation
Coronary Sclerosis

Other contributory causes of importance _____

Name of operation _____ Date of _____
(What test confirmed diagnosis) _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) John M. D.
(Address) John

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.

