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.

1304

1. PLACE OF DEATH
48 County Jackson — Registration District No. 399 — File No.
10 Township Kaw — Primary Registration District No. 1002 — Registered No. 34
9 City Kansas City (No. 920 E 23rd St. Ward)

2. FULL NAME George Brice

(a) Residence, No. 920 E 23rd St., 4 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 22, 1921
7. AGE: YEARS 11 — MONTHS 10 — DAYS 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: School boy
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): K. C. Mo.

FATHER
13. NAME: Lexie Brice
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): La.

MOTHER
15. MAIDEN NAME: Orel Lloyd
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): La.

17. INFORMANT (ADDRESS): Ollie Washington

18. BURIAL, CREMATION, OR REMOVAL
PLACE Derrouge La. DATE Jan 1933

19. UNDERTAKER (ADDRESS): Watkins Bros. 1729 Lydia

20. FILED 1-4 1933 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 2, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 31, 1932, to Jan 2nd, 1933
I last saw him alive on Jan 2, 1933. Death is said to have occurred on the date stated above, at 10 P. m.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset
44A
107A 44A

Other contributory causes of importance:
Chicken Pox

Name of operation — Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

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? no
If so, specify L. B. Guggenheim M.D.
(Signed) 1516 Trust, M. D.
(Address)