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

Do not use this space.

29789

File No.

Registered No. 3713

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City, Mo. (No. 5119 Wyandotte St. Ward)

Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME Mrs. Belle D. Price

(a) Residence, No. St., Ward. Lexington, Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 13, 1861

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
72	5	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

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) Lexington, Missouri

FATHER

13. NAME John D. Chambers

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. C. C. Knipe, 5119 Wyandotte, K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lexington, Mo. DATE Sept. 20-33, 19

19. UNDERTAKER (ADDRESS) R. V. Lindsey & Sons, Inc. Kansas City, Mo.

20. FILED 9-19, 33 M. M. Crowe Asst. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 18 33, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept-9, 1933, to Sept 18, 1933

I last saw her alive on Sept 18, 1933. Death is said to have occurred on the date stated above, at 10:30 AM m.

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

	Date of onset
Cerebral hemorrhage	9-9-33
82-A	
99	

Other contributory causes of importance: arteriosclerosis

Name of operation Date of

What test confirmed diagnosis? 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

(Signed) Harold B Clark M. D.

(Address) 1223 Professional Bldg

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.