

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson Registration District No. 300 File No. 20363  
 Township Jenn Primary Registration District No. 7002 Registered No. 2520  
 City Kansas City, Mo. No. VC General Hosp St. 2520 (Ward)

**2. FULL NAME**

Charles Price  
 (a) Residence, No. 625 1/2 Franklin Ward. \_\_\_\_\_ (If nonresident, give city or town and State)  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 15 yrs. 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 30 - 1873

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>60</u>	<u>7</u>	<u>6</u>	

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

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) Jenn

13. NAME James H. Price

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

15. MAIDEN NAME Mary E. Bailey

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

17. INFORMANT (ADDRESS) Regina Clark

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 6/18/34

19. UNDERTAKER (ADDRESS) Mrs. C. L. Forster  
918 Broadway Ave

20. FILED June 7, 1934 M. M. Crowe  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-6 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-15, 1934 to 6-6, 1934

I last saw him alive on 6-6, 1934 Death is said to have occurred on the date stated above, at 11:24 a.m.

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

Gangrenous colitis;  
Chronic Interstitial  
nephritis

Other contributory causes of importance:  
121 131

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

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) [Signature] M. D.  
 (Address) VC Gen Hosp

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.

APR 17 1934

