

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.

OCT 13 1934

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

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
 Township..... Primary Registration District No. 1001  
 City St. Joseph, (No. St. Joseph, s Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 32024  
 Registered No. 1070

**2. FULL NAME** Female Price

(a) Residence, No. 1610 Buchanan St., \_\_\_\_\_ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 17, 1934

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, <u>3</u> hrs. or <u>3</u> min.
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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

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) St. Joseph, Missouri  
 (STATE OR COUNTRY)

13. NAME Robert Price

14. BIRTHPLACE (CITY OR TOWN) Ponca City, Oklahoma  
 (STATE OR COUNTRY)

15. MAIDEN NAME Fay Gaffron

16. BIRTHPLACE (CITY OR TOWN) St. Joseph, Missouri  
 (STATE OR COUNTRY)

17. INFORMANT Robert Price  
 (ADDRESS) 1610 Buchanan Avenue St. Joseph

18. BURIAL, CREMATION, OR REMOVAL Mount Olivet Cent  
 PLACE St. Joseph, MO. DATE Sept. 18, 1934

19. UNDERTAKER H. O. Sidenfaden Funeral Home  
 (ADDRESS) 1802 Union Str St. Joseph MO.

20. FILED SEP 17 1934  
John R. Bender  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 17, 1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h..... alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 7 a.m.

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

Prematurity  
159  
 Other contributory causes of importance:  
159

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? No

If so, specify \_\_\_\_\_  
 (Signed) Winton H. Stacy, M. D.

(Address) Richpatrick Bldg

