SEP 20 1934

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

Do not use this space.

32759

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]

City Kansas City (No. 5716 Independence Ave. St. Ward)

2. FULL NAME Lawrence R. Price

(a) Residence, No. 5716 Independence Ave. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 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)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Mrs. Nettie Price

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3, 1872

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
61	11	1	

OCCUPATION

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

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) Missouri

FATHER

13. NAME George W. Price

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

MOTHER

15. MAIDEN NAME Julia Ann Simms

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

17. INFORMANT (ADDRESS) Mrs. Nettie Price 5716 Independence Ave. K. C. Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Green Lawn DATE 9/6/34 19

19. UNDERTAKER (ADDRESS) Freeman Mortuary Kansas City, Mo.

20. FILED 9-5- 1934 M. M. Crow asst Registrar.

MEDICAL CERTIFICATE OF DEATH

7

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/4/34 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 4 - 1934, to Sep. 4 - 1934

I last saw ~~him~~ alive on Sept. 4 - 1934 Death is said to have occurred on the date stated above, at 1:30 P m.

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

131

82A Apoplexy 131

Date of onset

Other contributory causes of importance:

Chronic Bright's Disease

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) [signature], M. D.

(Address)

Argyle Bldg
12 to 4