

NOV 20 1935

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

Do not use this space.

32194

1. PLACE OF DEATH

County Clay Registration District No. 198
Township Fishing River Primary Registration District No. 3011
City Excelsior Springs (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward Emporia Kansas
(Usual place of abode) (If nonresident, give city, town and State)

Length of residence in city or town where death occurred yrs. mos. 17 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 Ethel M. Price

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 9 - 1878

7. AGE YEARS 57 MONTHS 2 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Sept 30 - 1935 11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN) Emporia
(STATE OR COUNTRY) Kansas

13. NAME Thomas D. Price

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

15. MAIDEN NAME Mary Jones

16. BIRTHPLACE (CITY OR TOWN) Wades
(STATE OR COUNTRY) Missouri

17. INFORMANT Ethel M. Price
(ADDRESS) Emporia 10 S. RR. 3

18. BURIAL, CREMATION, OR REMOVAL PLACE Excelsior Springs DATE Oct 9 - 1935

19. UNDERTAKER Harriet D. Hooper
(ADDRESS) _____

20. FILED 10 - 9 - 1935 Wm. R. Mc Crahan
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept. 29, 1935, to Oct. 9, 1935

I last saw deceased alive on Oct. 9, 1935. Death is said to have occurred on the date stated above, at 9:55 AM.

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

Pulmonary Oedema
Myocarditis.

Date of onset _____

Other contributory causes of importance Nephritis; Arterio-sclerosis

Name of operation None 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 _____

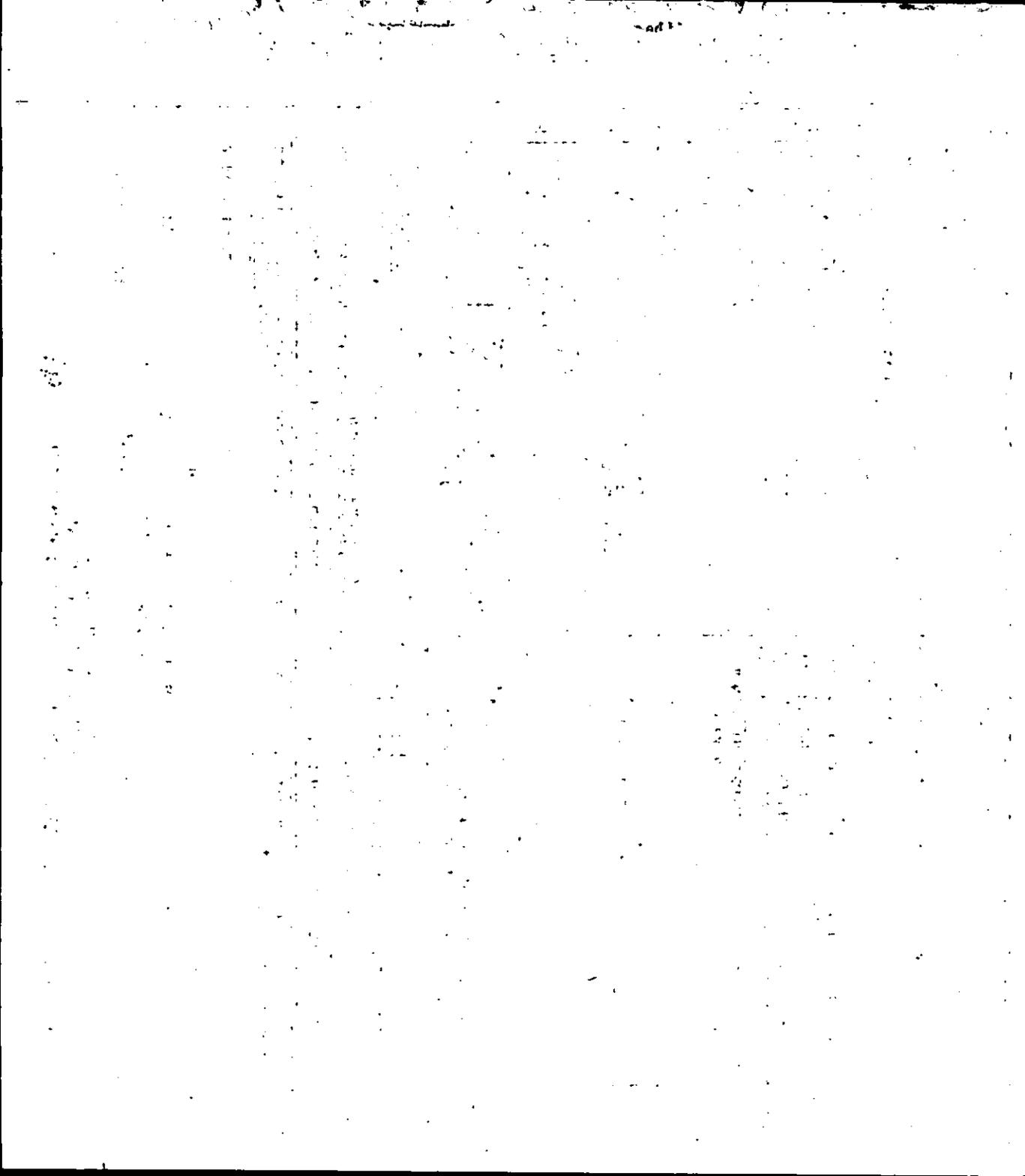
24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify _____

(Signed) W. J. Rumburg, D.D. M.D.

(Address) Excelsior Springs, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD



**MISSOURI STATE BOARD OF HEALTH
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1. PLACE OF DEATH

County Clay
Township Excelsior
City Excelsior, Mo.

Registration District No. 198
Primary Registration District No. 3011-

File No. 32194
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Thomas Price

(a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 9 - 1935

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

I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 9 - 1899

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

7. AGE YEARS MONTHS DAYS if LESS than 1 day: hrs. min.

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

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

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Other contributory causes of importance: Nephritis (chronic)

13. NAME

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury _____ Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____, 19____

19. UNDERTAKER (ADDRESS)

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

20. FILED _____, 19____

(Signed) W. F. J. [Signature] - R. L. M. D.
(Address) Excelsior, Mo.

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.

SUPPLEMENTAL

10-9-36
Loewen M. [Signature]
4-4-44 [Signature]
Registrar

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