

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.

JAN 23 1936

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

Do not use this space.

39800

4943

1. PLACE OF DEATH

County Jackson Registration District No. 394
Township Low Primary Registration District No. 1122
City Kansas Ctr. (No. 3961, Central) St. _____ Ward _____

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

2. FULL NAME

Charles Price
(a) Residence, No. 3961 Central 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lina Price</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 13, 1856</u>		
7. AGE YEARS <u>79</u>	MONTHS <u>3</u>	DAYS <u>13</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Agent</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Self</u>		
10. Date deceased last worked at this occupation (month and year) <u>Kansas City Mo.</u>		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City Mo.</u>		
13. NAME <u>Don't know</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
15. MAIDEN NAME <u>Don't know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
17. INFORMANT (ADDRESS) <u>Julia N. Rice, 5429 Harrison</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Union Cemetery</u> DATE <u>12-28-35</u>		
19. UNDERTAKER (ADDRESS) <u>P. V. Lindsey & Sons, 3811 Broadway</u>		
20. FILED <u>12-28</u> , 19 <u>35</u> M. M. <u>Crow, Asst Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1935 to Dec 25, 1935
I last saw him alive on Dec 20, 1935 Death is said to have occurred on the date stated above, at 9:30 P.M.
The principal cause of death and related causes of importance were as follows:
Chronic Interstitial Nephritis Date of onset about 1931
Acute Indigestion 12/23/35
Other contributory causes of importance:
Name of operation _____ Date of _____
What test confirmed diagnosis Symptoms 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) J. McDonald M.D.
(Address) 1410 Bryant Bldg.

Dr. Luke Donaldson

Bryant Bldg -