

DEC 3 1936

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

Do not use this space.

43023

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St Louis, Mo.** (No. **2.**..... City Hospital..... St..... Ward)

2. FULL NAME **Will Price.**

(a) Residence, No. **2603 A. Gamble, Street**, **4th**, Ward. **21**
(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 **Male** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 10 th, 1895**
7. AGE YEARS **41** MONTHS **1 MO.** DAYS **6 DYS** If LESS than 1 day,hra. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Laborer,**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **odd jobs,**
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **West Point,** (STATE OR COUNTRY) **MISS.**

13. NAME **Will Price,**

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

15. MAIDEN NAME **Mary Thomas,**

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

17. INFORMANT **Dollie Price.** (ADDRESS) **2603 A. Gamble, St.,**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Corona, Ala,** DATE **Nov 25th, 36.**

19. UNDERTAKER **R. C. Houston, Jr.,** (ADDRESS) **2812 Thomas, St.,**

20. FILE NO. **NOV 23 1936** **J. F. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 16 th, 19 36**

22. I HEREBY CERTIFY, That I attended deceased from **Sept - 14 - 1935** to **Nov - 16 - 1935**
I last saw him alive on **Nov - 16 - 1935**. Death is said to have occurred on the date stated above, at **7:20 P.M.**
The principal cause of death and related causes of importance were as follows:

Bronchial Asthma

Other contributory causes of importance: **11/2**

Name of operation..... Date of operation.....
What test confirmed diagnosis **Clinical symptoms** 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? **Yes**
If so, specify.....

(Signed) **J. B. Walthall M.D.**, M. D.
(Address) **6001 N. Jefferson**

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.

