SEP 21 1937

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

Do not use this space.

29697

1. PLACE OF DEATH

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

Township Kaw — Primary Registration District No. — Registered No.

City Kansas City (No. 3825 Genesee 1002 St. Ward)

2. FULL NAME Clyde Lowe Price

(a) Residence, No. 3825 Genesee St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 21, 1894

7. AGE: YEARS 43 — MONTHS 0 — DAYS 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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) July 1937

11. Total time (years) spent in this occupation 12 years

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

FATHER

13. NAME Edward J. Price

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

MOTHER

15. MAIDEN NAME Celestia Estep

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

17. INFORMANT (ADDRESS) Mrs. Beatrice Price 3825 Genesee

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mt. Moriah DATE Aug. 10, 1937

19. UNDERTAKER (ADDRESS) D. W. Newcomer's Sons

20. FILED 8-9, 1937 M. M. Crowe Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 7, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6/10, 1937, to 8/7 37, 19..

I last saw him alive on 8/7 1937 Death is said to have occurred on the date stated above, at 10:00 A

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

Date of onset

Gripp in Jany 1937

Pneumothorax 6/10 37

Other contributory causes of importance: (Non tuberculous)

Pneumothorax of Right Lung 8/1 37

Name of operation Date of

What test confirmed diagnosis? X Ray 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) P. Conrad Lang, M. D.

(Address) 3922 Bell St.

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.

WHITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

X9314

3922 Bell
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