

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

14265

JUN 24 1927

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

File No. 1001

Township St. Joseph

Primary Registration District No. 1001

Registered No. 537

City St. Joseph

(No. Mo. Methodist Hospital)

St. Ward

2. FULL NAME

(a) Residence No. George Franklin Price St. Santa Rosa Mo. Ward. 9th

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 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) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 25 1927

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE of Carrie L.

17. I HEREBY CERTIFY, That I attended deceased from Apr 14, 1927, to May 25, 1927 that I last saw him alive on May 25, 1927, and that death occurred, on the date stated above, at 5:20 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 12 1870

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 56 11 13

Pericious anemia

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

71A 5800
unknown (more than 3 months) yrs. mos. ds.

CONTRIBUTORY unknown (SECONDARY) (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Santa Rosa (STATE OR COUNTRY) De Kalb Co. Mo.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. Santa Rosa Mo.

10. NAME OF FATHER Calvin Price

19. DID AN OPERATION PRECEDE DEATH. no DATE OF

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown (STATE OR COUNTRY) Kentucky

20. WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER Eliza White

WHAT TEST CONFIRMED DIAGNOSIS? Phys Exam & Lab (Signed) E. M. Shores M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Madison (STATE OR COUNTRY) Kentucky

May 25, 1927 (Address) 317 W. High Patrick Bldg. St. Joseph Mo.

14. INFORMANT Mrs. Carrie L. Price (Address) Pattonburg Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

15. FILED 27 1927 John G. J. J. REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Santa Rosa Mo DATE OF BURIAL May 28 1927

20. UNDERTAKER Frank A. Broun ADDRESS 349 S. 10th St. St. Joseph 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.

