

MAR 24 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County JacksonRegistration District No. 378File No. 4904Township KawPrimary Registration District No. 628Registered No. 628City Kansas City(No. 3616 East 58th St. Terrace St.          Ward)         2. FULL NAME Edmund S. Price(a) Residence, No. 3616 East 58th St. Terrace 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Julia Elmore Price</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>April 18, 1844</b>		
7. AGE	YEARS	MONTHS
	<b>89</b>	<b>10 9</b>
		<b>20 0</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Retired Farmer</b>		11. Total time (years) spent in this occupation <b>        </b>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>        </b>		
10. Date deceased last worked at this occupation (month and year) <b>        </b>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Westport Missouri</b>		
13. NAME <b>Ed. S. Price</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Indiana</b>		
15. MAIDEN NAME <b>Emma Funk</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Not known</b>		
17. INFORMANT (ADDRESS) <b>Mrs. Julia Price 3616 East 58th St. Terrace</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Farrish Hill Cem. DATE 2-10-1934</b>		
19. UNDERTAKER (ADDRESS) <b>Stine + McClure 3235 William Plaza</b>		
20. FILED <b>2/9 1934 M. M. Brown</b> <b>asor Registrar.</b>		

3

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 8th 1934**

22. I HEREBY CERTIFY, That I attended deceased from **June 17, 1934** to **Febr. 8, 1934**  
I last saw him alive on **Febr 6, 1934**. Death is said to have occurred on the date stated above, at **A. m. 7:45**  
The principal cause of death and related causes of importance were as follows:  
**Aspiria febrilis** Date of onset **78-34**

Other contributory causes of importance:  
**Mitral regurgitation**  
**Family**

Name of operation **None** Date of   
What test confirmed diagnosis?  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. M. Calman**, M. D.  
(Address) **3850 Brooklyn**

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.

STATE (NAME); WITH CERTAINING INFORMATION THIS IS A PERMANENT RECORD

