

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

PLACE OF DEATH
County Wright
Township Union
or
Village _____
or
City _____ (NO. _____ St. _____ Ward _____)

Registration District No. 949 File No. 40359
Primary Registration District No. 6225 Registered No. 7

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME William Jefferson Pryor

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED —
(Write the word)

DATE OF BIRTH June 26, 1911
(Month) (Day) (Year)

AGE 4 yrs. 36 mos. 26 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

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

BIRTHPLACE (City or town, State or foreign country) Hartsville MO

PARENTS
NAME OF FATHER John W. Pryor Jr
BIRTHPLACE OF FATHER (City or town, State or foreign country) MO.
MAIDEN NAME OF MOTHER Emma A Jones
BIRTHPLACE OF MOTHER (City or town, State or foreign country) MO

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) G. P. Pryor

(ADDRESS) St. Louis

Filed 11-23, 1911 Dr. J. R. Mott REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Nov. 22, 1911
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov. 21, 1911, to Nov. 22, 1911, that I last saw him alive on Nov. 22, 1911, and that death occurred, on the date stated above, at 1 P. M.

The CAUSE OF DEATH* was as follows:
Acute Gastritis
1180

(Duration) — yrs. — mos. 4 ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. R. Mott M. D. 11/23, 1911 (Address) Brook Springs MO

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? _____
Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Shaddy Cemetery DATE OF BURIAL 11-23, 1911

UNDERTAKER L. W. Battongim ADDRESS Brook Springs Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Composer*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an

line is provided for the latter statement; it used only when needed. As examples: (a) *Cotton mill*; (b) *Salesman*, (c) *Grocery*;

(d) *Man*, (e) *Automobile factory*. The material

may form part of the second statement.

Return "Laborer," "Foreman," "Manager,"

etc., without more precise specification, as

Farmer, *Farm laborer*, *Laborer—Coal mine*, etc.

At home, who are engaged in the duties of the

only (not paid *Housekeepers* who receive a

salary), may be entered as *Housewife*, *House-*

holder, and children, not gainfully employed,

At home. Care should be taken to

state the occupations of persons engaged in

service for wages, as *Servant*, *Cook*, *House-*

holder. If the occupation has been changed or given

at the time of the DISEASE CAUSING DEATH, state oc-

cupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma*, *Sar-*

coma, etc., of _____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

