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

Do not use this space.

9746

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. 2930 Palm St. ..... St. ..... Ward)

File No. .....

Registered No. 2294

2. FULL NAME Annie Thompson Pritchard

(a) Residence. No. 2930 Palm St., 20 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. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

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: William Pritchard

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March 26 1856

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
70	11	10	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housewife

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Bowling Green
(STATE OR COUNTRY): Ky.

PARENTS

10. NAME OF FATHER: Isaac Chapline

11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Unknown.

12. MAIDEN NAME OF MOTHER: Rachael Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Unknown

14. INFORMANT: Arby J Pritchard
(Address): 2930 Palm St.

15. FILED 7-7 19.. Max C Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 5 1927

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1924, to March 5, 1927, that I last saw her alive on Mch. 5, 1927, and that death occurred, on the date stated above, at 1.55 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uraemia
Chr. Intestinal Nephritis
Arteriosclerosis - Hypertension
Epithelioma Cervix Uteri (duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Non Malignant
(duration) ..... yrs. ..... mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) H. N. Lyon, M. D

3/7, 1927 (Address) Missouri Bldg.

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Valhalla Crematory

DATE OF BURIAL: March 8 1927

20. UNDERTAKER: Drehmann Harvel

ADDRESS: 1905 Union.

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.