

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

Do not use this space.

22260 ^a

1. PLACE OF DEATH

County Repley
Township Repley
City Repley, Mo.

Registration District No. 751
Primary Registration District No. 5990

File No. 178
Registered No. 19
St. _____ Ward _____

2. FULL NAME

Lester Howard Pritchett

(a) Residence. No. _____ St. _____ 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 23, 1915

7. AGE 11 YEARS MONTHS 6 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED

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

9: BIRTHPLACE (CITY OR TOWN) Naylor, Mo.
(STATE OR COUNTRY) Repley, Mo.

PARENTS

10. NAME OF FATHER Wm J. Pritchett

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Charleston, Miss Co. Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Jessie Mestrey Ramsey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Taylor, Mo.
(STATE OR COUNTRY)

14. INFORMANT Wm J. Pritchett
(Address)

15. FILED 7/12, 1927 H. C. Hutchins REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 3, 1927

17. I HEREBY CERTIFY, That I attended deceased from May 10, 1927 to July 3, 1927 that I last saw him alive on July 1, 1927 and that death occurred, on the date stated above, at 7:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sarcoid of Lungs

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

19. DID AN OPERATION PRECEDE DEATH... NO. DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical + X-ray

(Signed) H. C. Hutchins, M. D.

7/4, 1927 (Address) Repley, Mo.

*State the DISEASE CAUSING DEATH, or if 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 DATE OF BURIAL

Naylor, Cen July 4, 1927

20. UNDERTAKER Mrs. Gish ADDRESS Naylor, 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.

EMERGENCY RECORD

28223

