SEP 28 1927

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

24683

1. PLACE OF DEATH
County: Jasper — Registration District No.: 4756 — File No.:
Township: Joplin — Primary Registration District No.: — Registrar's No.: 43
City: ~~West City~~ Chute 173 Moss Ave. St. ... Ward)

2. FULL NAME: William Pryor.
(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: w
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): —

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): about 18 7 60

7. AGE: about 49 — YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Teamster
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No record

PARENTS
10. NAME OF FATHER: No record
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): No record
12. MAIDEN NAME OF MOTHER: No record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): No record

14. INFORMANT: J. E. Chew
(Address): Joplin Mo

15. FILED: 8-9 1927 R. M. Stormont, REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR): August 7, 1927

17. I HEREBY CERTIFY, That I attended deceased from July 20, 1927, to August 7, 1927, that I last saw him alive on August 7, 1927, and that death occurred, on the date stated above, at 6:45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic pulmonary tuberculosis
2 & A
31
(duration) 1 yrs. — mos. 15 ds

CONTRIBUTORY (SECONDARY): Unknown
(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED: Unknown.
IF NOT AT PLACE OF DEATH? ...
DID AN OPERATION PRECEDE DEATH? No. DATE OF ...
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical examination.
(Signed) Murray Hazlewood, M. D
August 7, 1927 (Address) Emergency Hospital, Joplin 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. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Fairview — DATE OF BURIAL: 8/9 27

20. UNDERTAKER: Neuhart Neuhart & Joplin — ADDRESS: ...

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.

WHITE PAPER FOR PERMANENT RECORD

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Township..... Primary Registration District No..... Registered No. ....

City..... (No....., .....St.

**2. FULL NAME** .....

(a) Residence. No..... St., .....Ward. .....

(Usual place of abode) (If nonresident give city o

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? y

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| | | |

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(OR) WIFE OF

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(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN).....

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN).....

(STATE OR COUNTRY)

14.

INFORMANT .....

(Address)

15.

FILED....., 19..... .....

REGISTRAR

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.....

.....

.....(duration).....yrs.

CONTRIBUTORY.....
(SECONDARY)

.....(duration).....yrs.

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DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

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