FEB 23 1928

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

Do not use this space.
2025

1. PLACE OF DEATH
County Pemiscot
Township ~~Little Prairie~~
City Caruthersville (No. ..... St. ..... Ward)
Registration District No. 651
Primary Registration District No. ~~0862~~ 4888
File No. .....
Registered No. 4

2. FULL NAME Sion Pritchard

(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 Not Married

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE About 23 YEARS | MONTHS ✓ | DAYS ✓ | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer 210
(b) General nature of industry, business, or establishment in which employed (or employer) Cotton Gin
(c) Name of employer Burton

9. BIRTHPLACE (CITY OR TOWN) Lexington
(STATE OR COUNTRY) Tenn

PARENTS
10. NAME OF FATHER E. F. Pritchard
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ✓
(STATE OR COUNTRY) Tennessee
12. MAIDEN NAME OF MOTHER Nora Parish
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ✓
(STATE OR COUNTRY) Tennessee

14. INFORMANT Mrs Clarence Polk
(Address) Cooter, Mo.

15. FILED Jan. 21 1928 Ada Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan-20 — 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 6:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Put his Death in Accident in a Car Wreck
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Accident happened in Town, Caruthersville, Mo.
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 188C
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) C E Meek acting Coroner
Jan. 21, 1928 (Address) Caruthersville 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.

19. PLACE OF BURIAL, ~~CREMATION, OR~~ REMOVAL Cooter, Mo.
DATE OF BURIAL Jan. 21 1928

20. UNDERTAKER Mr. Avery.
ADDRESS Cooter, 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.