G 23 1928

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

Do not use this space.

1. PLACE OF DEATH
County GENTRY — Registration District No. 3/3 — File No. 12876-A
Township MILLER — Primary Registration District No. 5432 — Registered No.
City McFALL (No. ..... St. ..... Ward)

2. FULL NAME NANCY DANE 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 13 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

12876-1

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

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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 GEORGE R. PRYOR

6. DATE OF BIRTH (MONTH, DAY AND YEAR) DEC. 17, 1859

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
68	4	0	

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) POSTVILLE
(STATE OR COUNTRY) IOWA.

PARENTS
10. NAME OF FATHER N.G. CLARK
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ohio.
12. MAIDEN NAME OF MOTHER Rachel Emerson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ohio.

14. INFORMANT Kittie Mae Welsch
(Address) Hopewell Kansas

15. Filed May 1, 1928 H. J. Patton
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr. 17 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19..., to April 15, 1928, that I last saw her alive on April 15, 1928, and that death occurred, on the date stated above, at 5:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
pericarditis
66 Pa
90 B
(duration) ..... yrs. ..... mos. 14 ds.

CONTRIBUTORY (SECONDARY) Hyperthyroidism
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? yes DATE OF about 14 days before
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) R H Hurst D.O. M.D.
, 19 (Address)

60a

*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: FAIRVIEW CEMETERY
DATE OF BURIAL: 4/19 1928

20. UNDERTAKER: H. D. Wilson
ADDRESS: King City

Dr. R. J. Paxton