

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

Do not use this space.

29461

1. PLACE OF DEATH

County Stoddard
Township Castor
City..... (No.....).....

Registration District No. 837
Primary Registration District No. 6099

File No.....
Registered No.....
St..... Ward)

2. FULL NAME

Ernie 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11-28-1854

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 9 3 =

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife
(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) State of Illinois

10. NAME OF FATHER Dr. Thos Edwards

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Country of Wales

12. MAIDEN NAME OF MOTHER Ester Green

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) State of Illinois

14. INFORMANT Flarue Holmet
(Address) Box Ill. R# 2

15. FILED Oct 5 1928 Edward Jordan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2
16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-31 1928

17. I HEREBY CERTIFY, That I attended deceased from July 15, 1928, to July 26, 1928 that I last saw h..... alive on July 26, 1928, and that death occurred, on the date stated above, at 2 Alexie m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

38, Inter-mittent fever
162

(duration)..... yrs. mos. da.
CONTRIBUTORY old age
(SECONDARY) (duration)..... yrs. mos. 26 da.

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) OR Reynolds M. D.
, 19 (Address)

*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 Harper cem DATE OF BURIAL 8-31 1928

20. UNDERTAKER J. A. Child Bloomfield 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.

