WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

34988

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 9962

Township ..... Primary Registration District No. 1003 Registered No. 9962

City St. Louis Mo (No. Mo. Baptist Sanitarium St. ..... Ward)

2. FULL NAME William Henry Pringle

(a) Residence. No. 4010 Wyoming St., 16 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Clara M. Pringle

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 29-1857

7. AGE: Years 71 | Months 0 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired 1368 131
(b) General nature of industry, business, or establishment in which employed (or employer): Farmer 93C
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Rochester
(STATE OR COUNTRY): N.Y.

PARENTS
10. NAME OF FATHER: John Pringle
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Kenneth G. Pringle
(Address): 4010 Wyoming

15. FILED OCT 10 1928, 19 May C. Starkloff REGISTRAR

5 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct. 9 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1928, to Oct. 9, 1928, that I last saw him alive on Oct. 8, 1928, and that death occurred, on the date stated above, at 11:40 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
Chronic Nephritis, Interstitial
Uraemia
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Perineal Abscess (Urinary Extravasation (Spontaneous)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Sept 29. 28
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) George J. Epp, M. D.
, 19 (Address) 3772 So Broadway.

*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: Pittsfield Ill. DATE OF BURIAL: Oct. 11 1928

20. UNDERTAKER: R. Plattner & Son. Und. ADDRESS: Pittsfield Ill