

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

Do not use this space.

19830

1. PLACE OF DEATH

County Jefferson
Township Waller
City (No.)

Registration District No. 1120
Primary Registration District No. 35724

File No.
Registered No. 58
St. Ward

2. FULL NAME

Peter V. Prichard

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

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Josephine Prichard</u>				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct. 6 - 1865</u>				
7. AGE	YEARS <u>64</u>	MONTHS <u>8</u>	DAYS <u>7</u>	IF LESS than 1 day, <u> </u> hrs. or <u> </u> min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Farmer</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u> </u> (c) Name of employer <u> </u>				
9. BIRTHPLACE (CITY OR TOWN) <u>Old Mines</u> (STATE OR COUNTRY) <u>Mo.</u>				
PARENTS	10. NAME OF FATHER <u>Unknown</u>			
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Unknown</u>			
	12. MAIDEN NAME OF MOTHER <u>Unknown</u>			
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Unknown</u>			

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13 1930

17. I HEREBY CERTIFY, That I attended deceased from May 1 1930 to June 13 1930 that I last saw him alive on June 12 1930, and that death occurred, on the date stated above, at 8-11 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Addison's disease

(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Tuber culosis general

(duration) 0 yrs. 6 mos. ds.

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 THE DIAGNOSIS? usual clump

(Signed) Walter E. Gibson M. D.
W. N. 1930 (Address) Desoto, 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.

14. INFORMANT Thomas N. Prichard
(Address) Ware, Mo.

15. FILED 7/16 30 1930 W. B. Priddy REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL
Calvary Cemetery

DATE OF BURIAL
June 14 1930

20. UNDERTAKER
Donnell B. Dietrich

ADDRESS
Desoto, 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.

July 23 1930

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