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.

APR 26 1932

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

Do not use this space.

8040

1. PLACE OF DEATH

38 County Gentry — Registration District No. 373

Township Miller — Primary Registration District No. 5433

City ~~Farm home~~ (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Joanna Elizabeth Prior.

(a) Residence, No. Darlington Mo. R.R. #1 St., ... Ward. (If nonresident, give city or town and State)

(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

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: C.G.Prior.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept.14.1851.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
80	6	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House keeper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....

10. Date deceased last worked at this occupation (month and year) Mar. 11.1932.

11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gentry. Co. Mo. 1

FATHER

13. NAME: John Boley.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn. 2

MOTHER

15. MAIDEN NAME: Unknown.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 21

17. INFORMANT (ADDRESS): Walter Prior. Darlington. Mo. R.F.D. #1.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Moulton Cem. DATE Mar.22. 1932

19. UNDERTAKER (ADDRESS): R.G.Taggart. King City, Mo.

20. FILED 3-21, 1932 W.A. Quinn Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March. 19. 1932

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1932, to March 18, 1932

I last saw her alive on March 18, 1932 Death is said to have occurred on the date stated above, at 1:45 p.m.

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia — Date of onset 3/14/32

72A

107A

92A

Other contributory causes of importance:

Mitral regurgitation

1

8 Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) E. Blacklock, M. D.

(Address) King City, Mo.