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. 35780

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1. PLACE OF DEATH
County Buchanan, Registration District No. 1001 File No.
Township Primary Registration District No. Registered No. 1163
City St. Joseph, (No. 1017 Ellsworth Avenue, St. Ward)

2. FULL NAME Mary A. Pryor,
(a) Residence, No. 1017 Ellsworth Avenue St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 50 yrs. 0 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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: Roy D. Pryor,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 26, 1883

7. AGE: YEARS 50 | MONTHS 0 | DAYS 29 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,
10. Date deceased last worked at this occupation (month and year) November 1933
11. Total time (years) spent in this occupation 29

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saint Joseph, Missouri,

FATHER
13. NAME: Mathew Toohy,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, New York,

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Unknown,

17. INFORMANT (ADDRESS): Roy D. Pryor 1017 Ellsworth Avenue,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashland Cem. DATE Nov. 29th 1933

19. UNDERTAKER (ADDRESS): Nealon-BEGole & Bowman 319 S. 10th St. Funeral Home

20. FILED 11-28, 1933 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 25, 1933, to Nov 25, 1933
I last saw her alive on Nov 25, 1933 Death is said to have occurred on the date stated above, at 9:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis	Nov 23
93A	
106D	
104A	

93

Other contributory causes of importance: Acute Cold & Bronchitis

Name of operation ✓ Date of ✓
What test confirmed diagnosis? Clinical Were 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) Charles H. Werner, M. D.
(Address) 407 Kirkpatrick Bldg St Joseph Mo