

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

Do not use this space.

9771

APR 25 1934

1. PLACE OF DEATH

County MONROE
Township _____
City PARIS (No. _____)

Registration District No. 582
Primary Registration District No. 4344

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

BELLE M. PRYOR

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>FEMALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>JOSEPH D. PRYOR</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>FEB. 27, 1863</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>0</u>
	DAYS <u>10</u>	IF LESS than 1 day,hrs. ormin.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>AT HOME</u>
	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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) HOWARD CO. Mo.
(STATE OR COUNTRY)

FATHER 13. NAME JOHN MCCRAY

14. BIRTHPLACE (CITY OR TOWN) So. CAROLINA.
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME MATILYN WITT

16. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

17. INFORMANT Mrs. DENNIS KELLY
(ADDRESS) PARIS, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE WALNUT GROVE DATE MAR 9 1934

19. UNDERTAKER SPEED - BLAKEY
(ADDRESS) PARIS, Mo.

20. FILED MAR 8 1934

(1) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAR 7 1934

22. HEREBY CERTIFY, That I attended deceased from Apr 15 1926 to Mar 7 1934
I last saw him alive on Mar 7 1934. Death is said to have occurred on the date stated above, at 11:55P m.

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

Transverse section of spinal cord
GIA

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) H. Payne, M. D.
(Address) Paris, Mo.

R. C. Payne
Registrar

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.

69
42

