Dr J.W. McFarland

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

Do not use this space.

File No. 15907
Registered No. F01

1. PLACE OF DEATH
County Butler — Registration District No. 89
~~Township Poplar Bluff~~ — Primary Registration District No. 3007
City Poplar Bluff (No. ..., ... St. ..... Ward)

2. FULL NAME Gora Lee Prickett
(a) Residence, No. Relief St. City St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: famale
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kasey Prickett

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 11, 1866

7. AGE — Years: 67 — Months: 11 — Days: 2 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) (STATE OR COUNTRY) North Carolina

FATHER
13. NAME Calvin Lael (Lee)
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mrs. Jane Johnson, Poplar Bluff, Mo.
18. BURIAL, CREMATION, OR REMOVAL City Cemetery
PLACE Poplar Bluff Mo DATE 5/14/34 19
19. UNDERTAKER Greer Undertaking Company
(ADDRESS) Poplar Bluff, Mo.
20. FILED 5-14- 1934 W. S. Bailey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1934 19

22. I HEREBY CERTIFY, That I attended deceased from May 2, 1934 to May 12, 1934
I last saw her alive on May 12, 1934. Death is said to have occurred on the date stated above, at 3:14 AM
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	May 8-1934

Other contributory causes of importance:

Name of operation none 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?
If so, specify .....
(Signed) [illegible], M. D.
(Address) Poplar Bluff, 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.

JUN 20 1934