

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

Do not use this space.

DEC 20 1934

41648

1. PLACE OF DEATH

County Stoddard
 Townshp Liberty
 City New-Berlin (No. _____)

Registration District No. 836
 Primary Registration District No. #509
609B a

File No. 86
 Registered No. 86
 St. _____ Ward _____

2. FULL NAME

Eugene McCoy Pryor

(a) Residence, No. _____, 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6 1919
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 15 6 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
 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) Blytheville Arkansas

FATHER 13. NAME Frankie Marion Pryor
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yalobanda Miss

MOTHER 15. MAIDEN NAME Anna Howell
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lee Miss

17. INFORMANT (ADDRESS) Fazel Garner Bernice Miss

18. BURIAL, CREMATION, OR REMOVAL PLACE Bernice Cem DATE Nov 18 1934

19. UNDERTAKER (ADDRESS) Wale J Hopkins Bernice Miss

20. FILED 11/27 1934 Florence Allen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Concussion of Brain
 Other contributory causes of importance: _____
 Date of onset 2:01

Name of operation _____ Date of _____
 What test confirmed diagnosis? Exam. Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Accidental Date of injury Nov 17, 1934
 Where did injury occur? Stoddard Co. Mo
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Automobile Accident
 Nature of injury Concussion of Brain

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Lloyd S. Morrow
 (Address) Advance (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.

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**MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
 County Stoddard Registration District No. 836 File No.
 Township Primary Registration District No. 6098A Registered No. 86
 City (No. St. Ward)

2. FULL NAME Eugene Mc Coy Pryor
 (a) Residence, No. St. Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>s</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE YEARS <u>15</u>	MONTHS <u>6</u>	DAYS <u>11</u>	IF LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
OCCUPATION	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)			
FATHER	13. NAME			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19.....				
19. UNDERTAKER (ADDRESS)				
20. FILED <u>11/24</u> 19 <u>34</u> <u>Filorence Allen</u> Registrar				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17 1934

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
 I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at m.
 The principal cause of death and related causes of importance were as follows:
auto accident Date of onset

Other contributory causes of importance:
(Auto collision)

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?
 If so, specify

(Signed) M. D.
 (Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

SUBSTITUTED

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