SEP 2 4 1935

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

Do not use this space.

27175

1. PLACE OF DEATH

County Newton — Registration District No. 609 — File No. 218

Township Neosho — Primary Registration District No. 4363 — Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Ambrose Porter Pritchard

(a) Residence. No. ..... 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: Male
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: Hallie Pritchard

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mch 31 1862

7. AGE: Years 73 | Months 5 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Franklin
(STATE OR COUNTRY) Indiana

PARENTS

10. NAME OF FATHER: David Pritchard
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) No Record
12. MAIDEN NAME OF MOTHER: No Record
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) No Record

14. INFORMANT: Martha Pritchard
(Address) Lawrence Kans

15. FILED 8-5, 1935 Orval A. Sale, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 5 1935

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1935, to Aug 5, 1935, that I last saw h.. alive on Aug 5, 1935, and that death occurred, on the date stated above, at 10:10 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
Right Side
(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) H. Reynolds, M.D.
8/5, 1935 (Address) Neosho Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF ~~BURIAL, CREMATION~~, OR REMOVAL: Kansas City, Mo — DATE OF BURIAL: 8/7 1935

20. UNDERTAKER: Bigham's — ADDRESS: Neosho

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.