

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**

OCT 23 1935

Do not use this space.

30823

1. PLACE OF DEATH St. Mary's Infirmary **791**  
 County..... Registration District No..... **1003**  
 Township..... Primary Registration District No.....  
 City St. Louis, Mo. (No. 1536), Papin Ward.....

File No.....  
 Registered No. 7607  
 St. .... Ward)

2. FULL NAME William H. Pryor  
 (a) Residence, No. 4422 Maggitt St. 11 Ward.....  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Beylah Pryor</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>August 12, 1889</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>46</u>	<u>0</u>	<u>25</u>	
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. <u>laborer</u> ✓			
	10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation.....	
MOTHER / FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>			
	13. NAME <u>George Pryor</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>			
	15. MAIDEN NAME <u>unknown</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>				
17. INFORMANT <u>Beylah Pryor wife</u> (ADDRESS) <u>4422 Maggitt</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Truandickson</u> DATE <u>Sept 10</u> , 19 <u>35</u>				
19. UNDERTAKER <u>Blumenthal</u> (ADDRESS) <u>2421 Wash St</u>				
20. FILED <u>SEP 10 1935</u> 19 <u>J. T. Bredeck</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7, 1935

22. I HEREBY CERTIFY, That I attended deceased from September 5, 1935, to September 7, 1935  
 I last saw h. l. m. alive on September 7, 1935. Death is said to have occurred on the date stated above, at 2:45 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Lobar Pneumonia  
Septicemia  
 Date of onset

Other contributory causes of importance: 108

Name of operation..... 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) James E. Jackson, M. D.  
 (Address) 1536 Papin St.

