

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

Do not use this space.

37142

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104 21 1936
95 1. PLACE OF DEATH
County St. Francois
Township Randolph
City Frank Clay (No.)

Registration District No. 33
Primary Registration District No. 60246

File No.
Registered No.
St. Ward

2. FULL NAME William Henry 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 Mary Pritchard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 6, 1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>74</u>	<u>8</u>	<u>5</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None

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) Missouri

MOTHER

13. NAME Don't know

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

15. MAIDEN NAME Don't know

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

FATHER

17. INFORMANT Sylvester Pritchard
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE Leadwood Mo DATE Nov. 13 1936

19. UNDERTAKER J. S. Boyer
(ADDRESS) Leadwood Mo

20. FILED Jan 10 1936 W. E. Aubuchon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 11 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov. 7 1935, to Nov. 11 1935.
I last saw him alive on Nov. 11 1935. Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:
Cardiac insufficiency
Chronic myocarditis
Date of onset:

Other contributory causes of importance: None

Name of operation None 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

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 Arterio Sclerosis, M. D.
(Signed) Armed Frankly
(Address) Leadwood Mo

