

MAR 17 1936

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

Do not use this space.

5121
10

1. PLACE OF DEATH

County Clay
Township Liberty
City Liberty (No. 19)

Registration District No. 201
Primary Registration District No. 5280

File No. 5121
Registered No. 10
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 125 N. Water St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Lulu Primm Prindle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 21-1867

7. AGE YEARS 68 MONTHS 1 DAYS 20 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Judge of K.C. Court

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. of appeals mo

10. Date deceased last worked at this occupation (month and year) 2 weeks 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co., Mo.

13. NAME Benjamin Prindle

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

15. MAIDEN NAME Fannie Newshaw

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co., Mo.

17. INFORMANT (ADDRESS) Mrs. Lulu Prindle Liberty, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty, Mo DATE 2/17/36

19. UNDERTAKER (ADDRESS) Oliver & Gifford Co Liberty, Mo.

20. FILED 2/12 1936 ET Branch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 11 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 29 1936 to Feb 11 1936

Last saw him alive on Feb 10 1936 Death is said to have occurred on the date stated above, at 11 m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset _____

Other contributory causes of importance _____

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) F. H. Matthews M. D.
(Address) Liberty, 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.

