

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

Do not use this space.

1. PLACE OF DEATH **MIN 16 1936**

County **Audrain**
Township **Salt River**
City **R. F. D. #6** (No. St. Ward)

Registration District No. **26**
Primary Registration District No. **8084**

File No.
Registered No. **18457**
94

2. FULL NAME **Maggie Pryor**

(a) Residence, No. **R. F. D. #6** St. Ward.

(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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Frank T. Pryor**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 28 1884**

7. AGE YEARS **81** MONTHS **10** DAYS **28** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House Wife**

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) **Platte County, Missouri**

13. NAME **John H. Courtney**

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

15. MAIDEN NAME **Maggie Courtney**

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

17. INFORMANT **George Pryor** (ADDRESS) **R. F. D. #6 Mexico, Missouri**

18. BURIAL, CREMATION, OR REMOVAL **Edwood Mexico, Mo. DATE May 28, 1936**

19. UNDERTAKER **Chas. Arnold Jr.** (ADDRESS) **Mexico, Missouri**

20. FILED **May 28 1936** **Blanche Neely** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 26 1936**

22. I HEREBY CERTIFY, That I attended deceased from **May 4 1936 to May 26 1936**
I last saw him alive on **May 26 1936** Death is said to have occurred on the date stated above, at **7 P** m.
The principal cause of death and related causes of importance were as follows:

arteriosclerosis of old age

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) **R. S. Williams**, M. D.
(Address) **Mexico 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

