

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

Do not use this space.

**FEB 25 1937**

**1327**

**1. PLACE OF DEATH**

County Jackson  
Township Kaw  
City Kansas City, Mo. (No. 2717)

Registration District No. 399  
Primary Registration District No. 1002  
2717 Belleview

File No. 118  
Registered No. 118  
St. 1 Ward

**2. FULL NAME** Mrs. Susan Evelyn Pryor

(a) Residence, No. 2717 Belleview St. 1 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)

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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Pryor

22. I HEREBY CERTIFY that I attended deceased from 1937 to 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1853

I last saw her alive on Jan. 6, 1937, 1937. Death is said to have occurred on the date stated above, at 9:12 A.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 83 7 21

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

Coronary thrombosis Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 25

10. Date deceased last worked at this occupation (month and year) 1 11. Total time (years) spent in this occupation 1

Other contributory causes of importance as a result of

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME John Mayabb

Name of operation Autopsy Date Jan 6 1937  
What test confirmed diagnosis Autopsy Was there an autopsy Yes

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

23. If death was due to external cause (stab, etc.) fill in also the following: Accident, suicide, or homicide? External cause Date of injury Jan 6 1937

15. MAIDEN NAME Eliza Flichem

Where did injury occur? at home (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

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

17. INFORMANT Mr. Ervin Boyd (ADDRESS) 2717 Belleview

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Jan 8 1937

19. UNDERTAKER R. V. Lindsey & Sons (ADDRESS) 3811 Broadway

20. FILED 1-8 1937 M. M. Crowe Registrar.

24. Was disease or injury due to the occupation of deceased? No  
If so, specify None  
(Signed) [Signature] M. D.  
(Address) [Signature]

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

Permit