

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

FEB 23 1937

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

Do not use this space.

4774

1. PLACE OF DEATH

113 County North
Township Middlefork
City North (No. 2)

Registration District No. 1112
Primary Registration District No. 6213

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Nellie Grace Pritchard

(a) Residence, No. _____ St. _____ Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Roy Pritchard

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 17, 1891

7. AGE YEARS 45 MONTHS 6 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Frank City Missouri

13. NAME Joe Son

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

15. MAIDEN NAME Annie Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Frank City Missouri

17. INFORMANT (ADDRESS) Anne L. Trump North Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE North Mo. DATE Jan 14 1937

19. UNDERTAKER (ADDRESS) Hayes Andrews North Mo.

20. FILED 29 1937 Fred Muller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 13 1937

22. I HEREBY CERTIFY, That I attended deceased from JAN 11 1937, to JAN 12 1937

I last saw her alive on JAN 12 1937. Death is said to have occurred on the date stated above, at 7:00 Am.

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

CHRONIC MYOCARDITIS Date of onset _____

Other contributory causes of importance:

MULTIPLE SCLEROSIS OF SPINAL CORD

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) Thos F. Fay M.D.
(Address) North Mo.

