

SEP 21 1937

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

Do not use this space.

1. PLACE OF DEATH

County New Madrid Registration District No. 605
Township Como Primary Registration District No. 4509
City Talipossie (No.) St. Ward)

31317

File No.

Registered No.

2. FULL NAME

John Ellis Pryor
(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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug - 11 - 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Apr. 2 1937, to Aug 11 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1854 - 9 - 17

I last saw him alive on Aug 3 1937. Death is said to have occurred on the date stated above, at 12:30 a.m.

7. AGE YEARS 83 MONTHS 10 DAYS 24 If LESS than 1 day, hrs. or min.

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

Senile

Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Stationary Engineer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. R.R. Pumping Station
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance: 162

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

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

13. NAME William Jefferson Pryor

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

15. MAIDEN NAME (Unknown) Brown

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

17. INFORMANT John Ellis Pryor, Jr. (ADDRESS) Kennett, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Parma Cemetery DATE Aug 11 - 37

19. UNDERTAKER T. C. Knight (ADDRESS) Parma, Mo

20. FILED 8 - 11 1937 Dr. Snow Registrar.

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) John Husted, M. D. (Address) Parma, Mo

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

