REC'D MAY 10 1938

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

Do not use this space.

1. PLACE OF DEATH
County Audrain
Township Salt River
City Mexico Mo (No. ..... St. ..... Ward)
Registration District No. 26
Primary Registration District No. 3002
File No. 13909
Registered No. 53

2. FULL NAME James Pringle
(a) Residence, No. 603 W. Jackson St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Pringle
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
7. AGE Years about 85 | Months | Days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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) St. Charles Co

FATHER
13. NAME Austin Pringle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER
15. MAIDEN NAME Priscilla Logan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT (ADDRESS) Mrs Russell Mexico Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Elmwood DATE 4-3 1938
19. UNDERTAKER (ADDRESS) R. Reynolds Mexico Mo
20. FILED April 1938 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4-4 1938

22. I HEREBY CERTIFY, That I attended deceased from Mch 28, 1937, to Mch 31, 1938
I last saw him alive on Mch 31, 1938. Death is said to have occurred on the date stated above, at 12 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Uremic Poison	

Other contributory causes of importance:
chronic Nephritis
Uremic Poison

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

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? No
If so, specify .....
(Signed) G. F. Toalson, 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.