

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.

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

Do not use this space.

REC'D AUG 26 1938

26033

1. PLACE OF DEATH

73 County Newton Registration District No. 609  
Township Neosho Primary Registration District No. 4363  
3 City Neosho (No. Sal. Bowman Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 82  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME, Lola S. Pryor

(a) Residence, No. Sal. Bowman Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 17 1900

7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min.  
48 10 5

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

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

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) Ans mo

13. NAME Allen Miller

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

15. MAIDEN NAME Budie Briggs

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

17. INFORMANT Wiley Pryor  
(ADDRESS) Neosho, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Black Oak DATE 7-14-38

19. UNDERTAKER Jessie H. ...  
(ADDRESS) Neosho, Mo.

20. FILED 7-14-38 1938 Wanda S. ...  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12 1938

22. I HEREBY CERTIFY, That I attended deceased from March 1937, to July 1938  
I last saw her alive on July 12 1938 Death is said to have occurred on the date stated above, at 8:30 A.M.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of stomach with metastasis to regional lymph nodes & surrounding structures Date of onset \_\_\_\_\_

Other contributory causes of importance: Syphilis H 10-12

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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? \_\_\_\_\_  
If so, specify Melvin P. Bowman, D.  
(Signed) Neosho, Mo.  
5:3

