

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

1826
Do not use this space.

REC'D FEB 21 1939

1. PLACE OF DEATH

(a) County Callaway Registration District No. 102
 (b) Township Jackson Primary Registration District No. 5750
 (c) City _____ (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

LEILA Irene Pryor
 (a) Residence, No. _____ St. (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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 2-1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 3 19

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

9. Industry or business in which work was done, as 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) La Compton, Kan.

13. NAME George Banks

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

15. MAIDEN NAME Ethel Irene Armstrong

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

17. INFORMANT Frank Pryor
 (ADDRESS) Auxvasse, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cemetery DATE Jan. 23, 39

19. FUNERAL DIRECTOR Hughes Maupin
 (ADDRESS) Auxvasse, Mo.

20. FILED 1-21 1939 G.B. Nichols
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 21 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1939, to Jan 21, 1939.
 I last saw her... alive on Jan 21, 1939. Death is said to have occurred on the date stated above, at 2:25 P.M.

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

Cerebral Hemorrhage
8:00 AM
 Date of onset 1-20-39

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) P.H. Donnan M.D.
 (Address) Auxvasse, 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.

1-112004

STATEMENT BY LICENSED EMBALMER

I, Hughes Marpin, Licensed Embalmer No. 2758
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed Hughes Marpin
Licensed Embalmer No. 2758

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)