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 FEB 23 1939

File No. 2972

Registered No.

1. PLACE OF DEATH

60 County McDonald 2

Township McNullin

Registration District No. 5-18

Primary Registration District No. 5-E-4

City (No. St. Ward)

2. FULL NAME William Woodford Prick

(a) Residence, No. 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: Male

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Margaret Prick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 1-1850

7. AGE: YEARS 87 | MONTHS 11 | DAYS 19 | If LESS than 1 day, hrs. or min.

OCCUPATION

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

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): Indiana

FATHER

13. NAME: William W Prick

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not Known

MOTHER

15. MAIDEN NAME: not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not Known

17. INFORMANT (ADDRESS): Mrs Pal Pyle, Anderson Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Pittsburg Kan DATE: Oct 23 1938

19. UNDERTAKER (ADDRESS): Geo Tatum Mcd, Anderson Mo

20. FILED: Jan 14 1938 Mrs Lee Harper Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 20, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 20 1938 to Oct 20 1938

I last saw him alive on Oct 20 1938. Death is said to have occurred on the date stated above, at 2 p.m.

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

| | Date of onset |
|---|---|
| Cerebral Hemorrhage | Oct 20 1938 |
| 92 M | |

Other contributory causes of importance:

Name of operation: Date of:

What test confirmed diagnosis? none 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) L. D. Lane, M. D.

(Address) Anderson Mo

RECEIVED
District Health Officer No. 6,
District File Number 6-39-418
Date Filed FEB 17 1939