

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

Do not use this space.

RECD FEB 25 1939

1. PLACE OF DEATH

County PEPPER

Registration District No. 668

Township SCALIA MO

Primary Registration District No. 8232

City 260 LURA DEANLY 2092V

(No. Cathwell Hosp)

File No. 3452

Registered No. 668

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. STATE FAIR GROUNDS

(Usual place of abode)

Ward _____

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. 9 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

GLEVE YEAGER

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

NOV 6 - 1883

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

55

2

12

OCCUPATION

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

House Wife

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)

FRANKFORD MO

FATHER

13. NAME

CHANNING LEWIS PRYOR

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

MISSOURI

MOTHER

15. MAIDEN NAME

MARY GRIFFIN

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

PITTSBURGH PA.

17. INFORMANT (ADDRESS)

Blair Yeager

18. BURIAL, CREMATION, OR REMOVAL

PLACE Frankford Mo DATE Jan 21 1939

19. UNDERTAKER (ADDRESS)

FIELDS & SON 906 FRANKFORD MO

20. FILED

Jan 9 1939 Mrs Harry Snel Registrar

MEDICAL CERTIFICATE OF DEATH

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

1-18 1939

22. I HEREBY CERTIFY, That I attended deceased from

1-6 1939 to 1-18 1939

I last saw him alive on 1/1/39 Death is said

to have occurred on the date stated above, at 6 p m.

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

Shock from operation of Date of onset

cholecystectomy 126 1/16

choledochectomy

removal stone from common duct

Other contributory causes of importance:

liver degeneration due to

long jaundice

Name of operation above Date of 1/16/39

What test confirmed diagnosis? stones 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?

If so, specify _____

(Signed) W. D. Scallie, M. D.

(Address) Scalia Mo

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2/8/39