WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

REC'D JUN 22 1939

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

19518
Do not use this space.

1. PLACE OF DEATH
(a) County Pike | Registration District No. 686
(b) Township Spencer | Primary Registration District No. 5963 | Registered No.
(c) City | (d) Street No. St.
(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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME W John Pritchet
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ada Pritchet
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 2 - 1869
7. AGE YEARS 70 MONTHS 3 DAYS 3 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Col

FATHER
13. NAME William T Pritchet
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

MOTHER
15. MAIDEN NAME Sarah Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MO

17. INFORMANT (ADDRESS) Frank Wilson
18. BURIAL, CREMATION, OR REMOVAL
PLACE Curryville DATE 5-7 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W S Waters
20. FILED 5/7 1939 Gene E Hendrix Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-5, 1939
22. I HEREBY CERTIFY, That I attended deceased from April 9, 1939, to April 12, 1939
I last saw him alive on April 12, 1939. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
stomach carcinoma | Date of onset
Other contributory causes of importance: 46
Name of operation Date of
What test confirmed diagnosis? X ray Was there an autopsy?
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) G. H. Bilyeu P.E. MPD.
(Address) Louisiana Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District Registrar 10-39-1028
Date Filed JUN 6 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed Wm B. Wales

Licensed Embalmer No. 3325

P. O. Address Vandalia Mo

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.)

If this body is not embalmed, above space should be left blank.