

NOV 24 1939

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

Do not use this space.

1. PLACE OF DEATH

County Laclede Registration District No. 238
Township Lockwood Primary Registration District No. 4145
City Lockwood (No. 633) St. Lockwood Ward 1

File No. 35925
Registered No. _____

2. FULL NAME

(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 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 Lellie M. Pritchard
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 13 - 1880
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
58 2 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Merchant
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) Stockton Mo.
Ledon Ca.

13. NAME Carter Pritchard

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

15. MAIDEN NAME Mary Ann Matlock

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

17. INFORMANT (ADDRESS) Mr. Lellie M. Pritchard
Lockwood Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lockwood DATE March 1 1939

19. UNDERTAKER (ADDRESS) Ray Gudwill
Lockwood Mo.

20. FILED 3-8 1939 J. W. Wren Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27 1939
22. I HEREBY CERTIFY, That I attended deceased from 2-4, 1937, to 2-27, 1939
I last saw him alive on 2-27, 1939. Death is said to have occurred on the date stated above, at 10:15 AM
The principal cause of death and related causes of importance were as follows:

Transverse Myelitis
Date of onset about 1 year
Other contributory causes of importance: unknown

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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) P. D. Combs, M. D.
(Address) Lockwood 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.

