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

Do not use this space.

13107

File No. .....

Registered No. .....

1. PLACE OF DEATH

County Barry — Registration District No. 30

Township ..... — Primary Registration District No. 3003

City Monett — (No. ....., ... St. ..... Ward)

2. FULL NAME James Norman Prier

(a) Residence. No. ~~Butterfield~~ ..... St., ... Ward. Butterfield Mo

(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.

MAY 2 1 1931

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-7-1913

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
18	3	3	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer.

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Butterfield (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Wm Rolland Prier

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Butterfield (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Blanche Ella Mackey

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Butterfield (STATE OR COUNTRY) Missouri

14. INFORMANT Thurman A. Prier (Address) Butterfield, Mo.

15. FILED 4-10-, 1931 W. M. West, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-10- 1931

17. I HEREBY CERTIFY, That I attended deceased from 3-12-, 1931, to 4-10-, 1931, that I last saw him alive on 4-10-, 1931, and that death occurred, on the date stated above, at 1 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza - Pneumatic effusion, 2 H B

11 A (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Basilar meningitis

11 B (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

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

4/10, 1931 (Address) Monett Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Arnhart Cemetery — DATE OF BURIAL: 4/12 1931

20. UNDERTAKER: L H Blankenship — ADDRESS: Purdy Mo.