

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

Do not use this space.

1915

48027 1934

1. PLACE OF DEATH
 County Monroe Registration District No. 582
 Township _____ Primary Registration District No. 4344
 City Paris (No. _____ St. _____ Ward _____)
 2. FULL NAME JOSEPH DSANE PRYOR
 (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 22 yrs. 1 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Belle Pryor
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 5, 1851
 7. AGE YEARS 82 MONTHS 9 DAYS 13 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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) Dec. 1, 1912 11. Total time (years) spent in this occupation n.d.

OCCUPATION
FATHER
MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Henry Co., W. Va.
 13. NAME Joseph F. Pryor
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.
 15. MAIDEN NAME Harriett J. Sanford
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.
 17. INFORMANT Mrs. Dennis Stelly (ADDRESS) Paris, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove DATE JAN 19 1934
 19. UNDERTAKER Speck Blaney (ADDRESS) Paris, Mo.
 20. FILED JAN 18 1934 J. C. Pappas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN 18 1934 19
 22. I HEREBY CERTIFY, That I attended deceased from April, 1932, to Jan. 18, 1934
 I last saw him alive on Jan 17, 1934 Death is said to have occurred on the date stated above, at 10:00 a.m.
 The principal cause of death and related causes of importance were as follows:
Nephritis and infirmities of age
 Date of onset _____
 Other contributory causes of importance: 132
 Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical 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) J. J. Blaney, M. D.
 (Address) Paris, Mo.

