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

Do not use this space.

24377

1. PLACE OF DEATH
County Jackson — Registration District No. 389 — File No. 24377
Township ~~Kaw~~ — Primary Registration District No. 3661 — Registered No.
City Kansas City, Mo. (No. Mercy Hospital St. Ward)

2. FULL NAME Delories May Pritchett
(a) Residence, No. 4215 Indep. Ave. 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.

AUG 21 1934

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17, 1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	4	4	15	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Wyoming

FATHER
13. NAME Forrest W Pritchett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

MOTHER
15. MAIDEN NAME Francell E. Farr
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Utah

17. INFORMANT Forrest W. Pritchett
(ADDRESS) 4215 Indep. Ave. K.C.Mo.

18. BURIAL, CREMATION, OR REMOVAL Indep. Mo. DATE July 5 1934
Name of Undertaker

19. UNDERTAKER C.H.Blackman & Son, Inc.
(ADDRESS) 2825 Indep. Blvd. K.C.Mo.

20. FILED July 4, 1934 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/2/34, 19

22. I HEREBY CERTIFY, that I attended deceased from ..., to ..., 19...
I last saw h... alive on ... 19... 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:

	Date of onset
Acute Cerebral Edema	
Cerebral Hemorrhage	
Cerebral Embolism	

Other contributory causes of importance:

Name of operation ... Date of ...
What test confirmed diagnosis ... 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 ...
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 ... Fall on floor
Nature of injury ... Fractured skull

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) ..., M. D.
(Address)

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.

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