

DEC'D AUG 24 1938

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

Do not use this space.

1. PLACE OF DEATH

County Dunklin Registration District No. 288
Township Independence Primary Registration District No. 5406
City (No.) St. Ward

File No. 25249
Registered No. _____

2. FULL NAME

Thomas H. Prince 65⁰
(a) Residence, No. R-1-Kennett St., Ward.
(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 36 yrs. 4 mos. 8 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
(HUSBAND OF) Nottie Willmore Prince
(or) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 17-1902

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
36 4 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) 7/20/38 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett, Mo -13. NAME Franklin A. Prince

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois

15. MAIDEN NAME Nettie Jordan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Co. Ark

17. INFORMANT Mrs. Nettie Willmore Prince
(ADDRESS) R-1-Kennett, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Liberty DATE July 25 38

19. UNDERTAKER Baldwin Funeral Home
(ADDRESS) Kennett Mo

20. FILED 7/29 38 Walter Davis
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25 1938

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 7 2 m.

The principal cause of death and related causes of importance were as follows:

Unattended By a Physician Date of onsetPleuritisReported appendicitis July 21

Other contributory causes of importance:

Neglect 121

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....., 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 George T. Belmont, D. P.(Signed) Coroner of Dunklin Co. H. D.(Address) Kennett 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.

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