

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.

RECD JUL 15 1939

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

Do not use this space.

1. PLACE OF DEATH
3.3 County Pike Registration District No. 688
Township Frankford Primary Registration District No. 4412
City Frankford (No.) St. Ward) 11
2. FUEL NAME Virginia True Pritchett
(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. 48 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 19th 1869
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 6 23
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
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) Lincoln County Missouri
13. NAME Alonzo True
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
15. MAIDEN NAME Susie Allen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
17. INFORMANT Mrs Clay Gallew
(ADDRESS) St Louis Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Frankford Mo DATE June 14th 39
19. UNDERTAKER Fields & Son
(ADDRESS) Frankford Missouri
20. FILED July 6 1939 Mattie Unsell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12, 1939
22. I HEREBY CERTIFY, that I attended deceased from Feb. 1939 to June 12, 1939
I last saw him alive on June 11, 1939. Death is said to have occurred on the date stated above, at 11:45 a.m.
The principal cause of death and related causes of importance were as follows:
Organic heart disease
Date of onset
Other contributory causes of importance: 90%
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
(Signed) O. W. Anderson M. D.
(Address) Frankford, Mo.

RECEIVED

District Health Officer No. 10

File Number 7-39-1169

Date Filed JUL 10 1939