

WED OCT 12 1940

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

31853
Do not use this space.

1. PLACE OF DEATH

(a) County Dade Registration District No. 238
(b) Township Lockwood Primary Registration District No. 5324 Registered No. _____
(c) City Lockwood, Mo. (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Thomas Jefferson Priddy.

(a) Residence, No. Dade Co., Mo. Rental
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Winnie Priddy
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1854
7. AGE YEARS 85 MONTHS 2 DAYS 21 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as 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) Not known 9
13. NAME Not known 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known 9
15. MAIDEN NAME -----Scott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Mrs. Brown
(ADDRESS) Springfield Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE King's Point DATE Dec. 8 1939

19. FUNERAL DIRECTOR (NAME) J. W. Ward
(ADDRESS) Springfield, Mo. 215

20. FILED 12. 7 1939 J. A. When Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 10, 1939
22. I HEREBY CERTIFY, That I attended deceased from 11-6- 1939 to 11-7- 1939
I last saw him alive on 11-7- 1939. Death is said to have occurred on the date stated above, at 12:30 m. p. m.
The principal cause of death and related causes of importance were as follows:

Uremia
121
Other contributory causes of importance: Interstitial Nephritis
Alphritis 6 hr.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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. D. Combs M. D.
(Address) Lockwood 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

J. W. Ward

or by

Registered Apprentice No. _____, working under my personal supervision.

Signed

J. W. Ward

Licensed Embalmer No. *2832*

P. O. Address *Greenfield, Mass.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.