

PLACE OF DEATH

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHCounty CaldwellTownship GrantRegistration District No. 99File No. 8139

Village _____

Primary Registration District No. 5146Registered No. 5City Ray (NO. _____ St.: _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Prudence Elizabeth Slack.

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White SINGLE MARRIED Married
WIDOWED OR DIVORCED
(Write the word)DATE OF BIRTH Jan 4th, 1851
(Month) (Day) (Year)AGE 72 yrs. 2 mos. 30 ds. IF LESS than
1 day, ___ hrs.
or ___ min.?OCCUPATION
(a) Trade, profession, or particular kind of work House-wife
(b) General nature of industry, business, or establishment in which employed (or employer) _____BIRTHPLACE
(City or town, State or foreign country) Ray, Co, Mo.NAME OF FATHER Joseph Grimes.BIRTHPLACE OF FATHER
(City or town, State or foreign country) Tenn.MAIDEN NAME OF MOTHER Julia Rainwater.BIRTHPLACE OF MOTHER
(City or town, State or foreign country) Tenn.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Nellie Lamar
(ADDRESS) Colo MoFiled 3/25 23 1923 R. W. Mount
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH March 24, 1923
(Month) (Day) (Year)I HEREBY CERTIFY, that I attended deceased from Mch 18, 1923, to Mch 24th, 1923, that I last saw her alive on Mch 23th, 1923, and that death occurred, on the date stated above, at I. #0. A M

The CAUSE OF DEATH* was as follows:

Appoplexy. Cerebral Hemorrhage.Contributory Atherosclerosis
(SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.
(Signed) R. W. Mount M. D.
Colo Mo (Address)

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL

Rayville, Tenn

DATE OF BURIAL

Nov 23, 1923

UNDERTAKER

Wm. H. Cowley

ADDRESS

Colo Mo

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

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

1-PLACE OF DEATH

County Caldwell
City Grant

Registration District No. 99 File No. 5146

Primary Registration District No. 406 Registered No. 5146

(NO. _____ St. _____ Ward _____)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2-FULL NAME Prudence Elizabeth Black

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Married
(Write the word)

16 DATE OF DEATH Mar 24, 1923
(Month) (Day) (Year)

DATE OF BIRTH Jan 4, 1851
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Mar 22, 1923, to Mar 25, 1923
that I last saw her alive on Mar 25, 1923

AGE 72 yrs. 2 mos. 20 ds.
If LESS than 1 day: _____ hrs. or _____ min.?

and that death occurred, on the date stated above, at 9 A. m.
The CAUSE OF DEATH* was as follows:

OCCUPATION a) Trade, profession, or particular kind of work Housewife
b) General nature of industry, business or establishment in which employed (or employer)

Apoplexy
(Duration) _____ yrs. _____ mos. _____ ds.

18 BIRTHPLACE (City or town, State or foreign country) Ray Co Missouri

CONTRIBUTORY (Secondary) _____
(Signed) R. L. Mount M. D.
Mar 25, 1923 (Address) Polo Mo

10 NAME OF FATHER Joseph Grimes

11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Tennessee

12 MAIDEN NAME OF MOTHER Julia Ramwater

13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tennessee

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)
At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs Sallie Luman
(Address) Polo Mo.

19 PLACE OF BURIAL OR REMOVAL Ray DATE OF BURIAL Mar 25, 1923
Knexville Cem Co

Filed July 1, 1923 R. L. Mount
Registrar

20 UNDERTAKER Alsought Cowley ADDRESS Polo Mo.

PERMANENT RECORD