

Key 43-45-293031  
 Garfield Park  
 St 75 Al.  
 653309

Georgia Department of Human Resources  
 Vital Records Unit

Primo Real Estate  
 3721 W 15th Ave  
 State File No. Key 46402  
 5346

CERTIFICATE OF DEATH

BIRTH NO.		METS Dist. No.		Custodian's No.	
1. NAME OF DECEASED (First) (Middle) (Last) Turley R. Pryor			2. DATE OF DEATH (Month) (Day) (Year) 8 18 77		
3. PLACE OF DEATH (County) Fulton			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) State Indiana County Lake City or Town Gary LENGTH OF STAY (in this place) 54 Yrs.		
5. CITY OR TOWN East Point			6. LENGTH OF STAY (in this place) 1 Day		
7. BIRTHPLACE (State or foreign country) Cedartown, Ga.			8. CITIZEN OF WHAT COUNTRY? USA		
9. DATE OF BIRTH 6/5/1918		10. AGE (in years) last birthday 59		11. IS RESIDENCE ON FARM? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
12. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/>			13. BIRTHPLACE (State or foreign country) Cedartown, Ga.		
14. DATE OF BIRTH 6/5/1918			15. BIRTHPLACE (State or foreign country) Cedartown, Ga.		
16. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> SEPARATED <input type="checkbox"/>			17. MARRIED or Widowed Give Name of Spouse Pearl DK.		
18. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Principal			19. KIND OF BUSINESS OR INDUSTRY School		
20. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes			21. SOCIAL SECURITY NO. WW2 314-09-7816		
22. FATHER'S NAME Max Pryor			23. MORTICIAN Alfonso Dawson Mortuary, Inc.		
24. MOTHER'S MAIDEN NAME Florence Hendricks			25. MORTICIAN'S ADDRESS 3000 M.L.K. Jr. Dr., S.W. Atlanta, GA		
26. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PLEASE PRINT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiogenic Shock and Acute Pulmonary Edema</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>4109 Acute Myocardial infarction</u> DUE TO (c) <u>Arteriosclerotic Heart Disease</u>			27. INTERVAL BETWEEN ONSET AND DEATH 1. <u>few hours</u> 2. <u>about 22-24 hours</u> 3. <u>10</u> 4. <u>11</u> 5. <u>12</u> 6. <u>13</u>		
28. PART II. Other significant conditions contributing to death but not related to the terminal disease condition given in Part I (a)			29. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
30. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) INJURY OCCURRED While at Work <input type="checkbox"/> Not While at Work <input type="checkbox"/>			31. I hereby certify that I attended the deceased from <u>8/17/77</u> to <u>8/18/77</u> 19 <u>77</u> that I last saw the deceased alive on <u>8/18</u> 19 <u>77</u> and that death occurred at <u>5PM</u> m., from the causes and on the date stated above.		
32. (CITY OR TOWN) (COUNTY) (STATE) East Point, Ga. - 30344			33. TIME OF INJURY		
34. HOW DID INJURY OCCUR?			35. SIGNATURE Rodolph J. Yacovici Degree or Title M.D.		
36. DATE REC'D BY LOCAL REG. AUG 30 1977		37. REGISTRAR'S SIGNATURE Key 23. New 10/11/77		38. ADDRESS 2756 B - Felton Drive East Point, Ga. - 30344	
39. DATE SIGNED AUG 30 1977		40. DATE SIGNED 8/25/77			

Date: 8/30/77  
 Local Custodian  
 Signed by: Rodolph J. Yacovici  
 County of Fulton, Atlanta, Ga.  
 Certificate of Record  
 This is an exact copy of the death certificate received for registration in Fulton County, Georgia.

**FILED**

DEC 10 1981

AUDITOR LASS COUNTY