

FEB 23 1928

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

Do not use this space. 2308

1. PLACE OF DEATH

County St. Francois
Township St. Francois
City Near Farmington (No.)

Registration District No. 773
Primary Registration District No. 6018A

File No.
Registered No. 3 (Ward)

2. FULL NAME

Arthur Reames Pratt

(a) Residence. No. State Hospital No. 4 St. Ward. Ellington Mo
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 3 mos. 1 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Jamima White

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

June 4, 1846

7. AGE

YEARS 81

MONTHS 7

DAYS 6

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) ✓

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER

Pratt

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

12. M maiden name of MOTHER

Barnett

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Unknown

14. INFORMANT

Thos R Pratt
(Address) Farmington

15. FILED

1-11-1928 B. J. Robinson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 11 1928

17. I HEREBY CERTIFY, That I attended deceased from 10-10-1927 to Jan 11 1928
that I last saw h. sur. alive on 11 P.M. Jan 10, 1928, and that death occurred, on the date stated above, at 3:45 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

92A 7401
CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) P. S. Talcott, M. D.

1-11-1928 (Address) Hoop #4 Farmington Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Ellington

DATE OF BURIAL

1/12/28

20. UNDERTAKER

Needart & Sons Co

ADDRESS

Fulton Mo

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.

