

STATE HONORABLE, WITH OBTAINING INK--THIS IS A PERMANENT RECORD

JAN 22 1929

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH 266

Do not use this space.  
40067

1. PLACE OF DEATH  
County DeKalb Registration District No. 4161  
Township..... Primary Registration District No. 262  
City Union Star (No. ....) St. .... Ward)  
2. FULL NAME Louella Pratt  
(a) Residence, No. 1501 Union Star, Mo. Ward. (If nonresident give city or town and State)  
Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M  
4. COLOR OR RACE W  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 19 1856  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 72 9 26  
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work Stockman  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....  
9. BIRTHPLACE (CITY OR TOWN) Albany (STATE OR COUNTRY)  
10. NAME OF FATHER William Pratt  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.? (STATE OR COUNTRY) Unknown  
12. MAIDEN NAME OF MOTHER Dora Kuehl  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT (Address) E. R. Woolery  
Union Star  
15. FILED 1916 19..... E. M. Reynolds REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 15 1928  
17. I HEREBY CERTIFY, That I attended deceased from Dec 15 1928, to Dec 15 1928, that I last saw him alive on Dec 15 1928, and that death occurred, on the date stated above, at 11:20 a.m.  
THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Cerebral Apoplexy  
82A  
CONTRIBUTORY (SECONDARY) 74a  
(duration) yrs. mos. ds.  
18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....  
DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
WAS THERE AN AUTOPSY? No  
WHAT TEST CONFIRMED DIAGNOSIS.....  
(Signed) A. B. Vance, M. D.  
, 19 (Address) Union Star Mo  
\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Union Star Cem. DATE OF BURIAL Dec 17 1928  
20. UNDERTAKER R. S. Taggart ADDRESS Union Star 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.

