

FILED 7 1937

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

Do not use this space.

2084

1. PLACE OF DEATH

County Linn
Township A. Benton
City Browning (No.) St. Ward)

Registration District No. 497 497
Primary Registration District No. 4300

File No.
Registered No. 1

2. FULL NAME Elizabeth Pratt

(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 47 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6, 1889

7. AGE YEARS 47 MONTHS 8 DAYS 4 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 7 11. Total time (years) spent in this occupation 47

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind. Ind.

MOTHER 13. NAME Mrs. E. Kinstry

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.

15. MAIDEN NAME Mary Dowdson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

17. INFORMANT James Pratt (ADDRESS) Browning Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Ind. Ind. DATE Jan 11 1937

19. UNDERTAKER W. H. ... (ADDRESS) Browning Mo

20. FILED Jan 30 1937 Dr. E. L. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1937 to Jan 10 1937
last saw him alive on Jan 9 1937, 1937 Death is said to have occurred on the date stated above, at 8 9 a.m.

The principal cause of death and related causes of importance were as follows:

apoplexy
Date of onset 1/7/37
Other contributory causes of importance: emaciation contributory to old age

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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?
If so, specify

(Signed) Dr. E. L. Williams
(Address) Browning Mo

N. B.—Every item of information should be carefully supplied. AGE EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

