

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

V. S. No. 2.

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

MARGIN RESERVED FOR BINDING

PLACE OF DEATH
County Lawrence
Township Lincoln
or Village _____
or City _____ (NO. _____ St.; _____ Ward)
Registration District No. 469 File No. 36475
Primary Registration District No. 5630 Registered No. 31
(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Allie Hazel Prater

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE Single
MARRIED WIDOWED OR DIVORCED (Write the word)

DATE OF BIRTH Oct. 28, 1907
(Month) (Day) (Year)

AGE 4 yrs. 11 mos. 29 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

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

BIRTHPLACE
City or town, State or foreign country Lawrence Co

NAME OF FATHER Thomas Prater

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

MAIDEN NAME OF MOTHER Virdie White

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

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Informant) W. D. Owens
(ADDRESS) Everton Mo

Filed Nov. 12, 1912 W. S. Gring REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Oct 20, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Oct 14, 1912 to Oct 20, 1912, that I last saw him alive on Oct 20, 1912, and that death occurred, on the date stated above, at 9 P. m.

The CAUSE OF DEATH* was as follows:
Dysphtheria
10' 00'

(Duration) ___ yrs. ___ mos. ___ ds.

Contributory (SECONDARY) (Duration) ___ yrs. ___ mos. ___ ds.

(Signed) E. M. Boy M. D.
10-21, 1912 (Address) Everton Mo

*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 Ray Springs DATE OF BURIAL 10-21, 1912

UNDERTAKER J. A. Mason ADDRESS Everton

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