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

Do not use this space.

6678

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 1908

City St. Louis, Mo. (No. Mo Baptist Sanitarium St. ..... Ward)

2. FULL NAME Mary Sinta Pratt

(a) Residence. No. ..... St., 12 Ward. Pueblo, Colo.
(Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female
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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) About 1875

7. AGE: abp 52 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Telegrapher & Sta Agent
(b) General nature of industry, business, or establishment in which employed (or employer): Mo. Pac. R.R. Co
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Galeski
(STATE OR COUNTRY) Ohio

PARENTS
10. NAME OF FATHER E. H. Gabe
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Sina J. Chandley
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio

14. INFORMANT E. H. Gabe
(Address) 1818 E. 7th St, Pueblo, Colo.

15. FILED FEB 25 1927 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 23 - 1927

17. I HEREBY CERTIFY, That I attended deceased from Jan 26, 1927, to Feb 23, 1927 that I last saw her alive on 2-23, 1927, and that death occurred, on the date stated above, at 7.45 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Left Breast
50
53E
93E (duration) 1 yrs. 6 mos. 0 ds.

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CONTRIBUTORY (SECONDARY) Chronic Myocarditis - Generalized Carcinomatosis (duration) ..... yrs. 4 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Pueblo Colorado
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings.

(Signed) Leon E. Hale, M. D
2/24, 1927 (Address) 1005 So. Ewing

*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: Columbus, Ohio
DATE OF BURIAL: 2-26 1927

20. UNDERTAKER: Peetz Bros. 3029 Lafayette Ave
ADDRESS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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