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

Do not use this space.

27886

1. PLACE OF DEATH
County New Madrid — Registration District No. 605
Township Como — Primary Registration District No. 5804
City ..... (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Louise Pratt

(a) Residence. No. ..... St., ... Ward. .....
(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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 25, 1926

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
1	3	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(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): Panna Mo

PARENTS

10. NAME OF FATHER: Mart Wade Pratt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Marie Bristow
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ark

14. INFORMANT: Mart Wade Pratt
(Address): Panna Mo

15. FILED: Sep 26 1927 C S Blackman, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Sept 26 1927

17. I HEREBY CERTIFY: That I attended deceased from ..... to ..... 19.. that I last saw her alive on June 25 1926 and that death occurred, on the date stated above, at about 8:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Unknown
Most Probable Cause
Cholera Infantum
11 yr (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) 113 a (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) C S Blackman, M.D.
Sept 26 1927 (Address) Panna 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: Sikeston Mo
DATE OF BURIAL: Sept 27 1927

20. UNDERTAKER: L M Hill
ADDRESS: Panna

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.