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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 38403

Township ..... Primary Registration District No. 1003 Registered No. 11069

City St Louis (No. Missouri Baptist Sanitarium St. ..... Ward)

2. FULL NAME Ethea Blanche (Prongue) Prongue

(a) Residence. No. ..... St., 12 Ward. Webster Groves Mo
(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: Robert Prongue

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Aug 31 1876

7. AGE: Years 51 | Months 3 | Days 8 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Black Walnut Mo

PARENTS
10. NAME OF FATHER: David M. Davis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Maryland
12. MAIDEN NAME OF MOTHER: Amanda Best
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Black Walnut Mo

14. INFORMANT: L. D. Prongue
(Address) R. F. D. #5 Webster Groves Mo

15. FILED DEC 11 1927, 19..... Max C Starkcoff, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 9th 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 1st, 1927, to Dec 9, 1927, that I last saw her alive on Dec 9, 1927, and that death occurred, on the date stated above, at 9.35 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of Pancreas
46F
130
(duration) ..... yrs. 3 mos. — ds.

CONTRIBUTORY (SECONDARY): Interstitial Nephritis
Chronic (duration) 1 yrs. ..... mos. — ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? St Louis County

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Dec 9 27

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Exploratory Oper.

(Signed) John D Haynard, M. D
12/10/27, 19 (Address) Metropolitan Bldg St Louis

*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: Oak Grove Cem. St Charles Mo
DATE OF BURIAL: Dec 12 1927

20. UNDERTAKER: H Dallmeyer & Sons Co
ADDRESS: St Charles 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.

...WITH UNFADING INK—THIS IS A PERMANENT RECORD