

6 24 1928

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 398
Township Blue Primary Registration District No. 5594
City Independence (No. 10119 Lexington)

File No. 23692
Registered No. 777
St. _____ Ward _____

2. FULL NAME

Clarence Alvin Prather

(a) Residence No. 10119 Lexington St. Ward _____
(Usual place of abode)

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 m. 4. COLOR OR RACE w. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) m.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alma Prather

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 22-1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 (3) 21

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Odessa, (STATE OR COUNTRY) Mo.

10. NAME OF FATHER John Prather

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Caroline

12. MAIDEN NAME OF MOTHER Jennette Johnson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

14. INFORMANT Alma Prather (Address) 10119 Lexington avf

15. FILED July 28 1928 F. L. CROOK REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 30 1928

17. I HEREBY CERTIFY, That I attended deceased from July 29 1928 to July 29 1928, that I last saw him alive on July 29 1928, and that death occurred, on the date stated above, at 2.30 Am.

THE CAUSE OF DEATH WAS AS FOLLOWS: 5R

Carcinoma of Prostate
(duration) yrs. mos. ds.

CONTRIBUTORY Hypertension & Aneurysm
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 499
INCLUDING PLACE OF BIRTH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) P. F. Hackett, M. D.
(Address) 816 Hawthorne

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 Odessa Mo DATE OF BURIAL Aug 1 1928

20. UNDERTAKER Rose & Henderson ADDRESS 154 Jackson

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.

Dr. Roy Hooker
Riv 212