

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

Do not use this space.

31471

1. PLACE OF DEATH

County St. Francois
Township St. Francois
City Near Farmington

Registration District No. 773
Primary Registration District No. 608A

File No. _____
Registered No. 129
St. _____ Ward)

2. FULL NAME Lawrence Pratt

(a) Residence. No. State Hospital No. 4 St. _____ Ward. _____
(Usual place of abode)

Desloge, Missouri
(If nonresident give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 8 mo. 8 da. How long in U.S., if of foreign birth? yrs. mo. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown apl 25 1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
43 4 9

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Washington Co.
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Unknown Bus Pratt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown Washington Co Mo

12. MAIDEN NAME OF MOTHER Unknown Jessie Ackers

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Unknown Washington Co Mo

14. INFORMANT Hospital Records & Mary Pratt
(Address)

15. FILED 9-4-28 B. J. Robinson
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 4, 1928.

17. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1925, to Sept 4, 1928
that last saw him alive on Sept 4, 1928, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
2209
94A
780 3 and 1/2 (duration) yrs. mo. da.
CONTRIBUTORY Pulmonary tuberculosis and
(SECONDARY) hypertension (duration) yrs. mo. da.

18. WHERE WAS DISEASE CONTRACTED
at place of death

DID AN OPERATION PRECEDE DEATH? no. DATE OF _____

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? Chemical
(Signed) P. S. Jain, M. D.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Desloge Mo
DATE OF BURIAL 9-6-28

20. UNDERTAKER C. Z. Boyer
ADDRESS Desloge, 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.

