

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

Do not use this space.

18943

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.

27 1929

PLACE OF DEATH  
 County Ozark Registration District No. 645  
 Township Bridges Primary Registration District No. 5854  
 City (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 7

2. FULL NAME Florence E. 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) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James W. Pratt  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 1, 1859  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
69 9 5

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) Kentucky

10. NAME OF FATHER Patterson Conkin  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
 12. MAIDEN NAME OF MOTHER Hannah X?  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT B. J. Pratt  
 (Address) West Plains, Mo.

15. FILED May 31, 1929 Helen M. Ebrite REGISTRAR  
Deputy

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 6, 1929  
 17. ~~HEREBY CERTIFY~~ THAT I attended deceased from April 25, 1929 to May 6, 1929  
 that I last saw her alive on May 5, 1929, and that death occurred, on the date stated above, at 2 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic, Substitial Nephritis  
Possibly 3 yrs duration  
131 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 129A (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? \_\_\_\_\_  
 WHAT TEST CONFIRMED DIAGNOSIS?  
 (Signed) H. E. Pace, M. D.  
 .19 (Address) Gainesville 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 DATE OF BURIAL  
Gainesville cemetery May 7, 1929

20. UNDERTAKER ADDRESS  
McFarland Und. Co., West Plains Mo.

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