

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

Do not use this space.

6925

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis Mo. (No. 278)

Plaza Drive

File No. _____
Registered No. 1781
St. _____ Ward)

2. FULL NAME

Elizabeth Prather

(a) Residence. No. 278 Plaza Drive St. 12 Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 18, 1930

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of James Prather Deceased

17. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1929 to Feb. 18, 1930.
that I last saw her alive on Feb. 15, 1930, and that death occurred, on the date stated above, at 6:40 P.M. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 23, 1878

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day or
51 6 25 hrs. min.

Patent relaxation of spinal cord.
Pneumonia
3 yrs. mos. ds. (duration)

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 _____

CONTRIBUTORY (SECONDARY) Pneumonia Lobar
(duration) 3 yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Shelbyville Tenn.
(STATE OR COUNTRY)

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

10. NAME OF FATHER James H. Wallace

19. DID AN OPERATION PRECEDE DEATH? No. DATE OF _____

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

20. WAS THERE AN AUTOPSY? No.

12. MAIDEN NAME OF MOTHER Elizabeth Wallace

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Ando Hall, Jr. M. D.
. 19 (Address) 2816 South Ave., Memphis, Tenn.

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

*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.

14. INFORMANT Horace Prather
(Address) 278 Plaza Drive

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Grove Cemetery DATE OF BURIAL July 20 1930

15. FILED _____ 19 _____ REGISTRAR

20. UNDERTAKER Shelby Funeral Rev. Co. ADDRESS 4355 Washington

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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