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

Do not use this space.

23314

1. PLACE OF DEATH

County Jasper — Registration District No. 417 — File No.

Township — Primary Registration District No. 3021 — Registered No. 87

City Webb City (No. ..... St. ..... Ward)

2. FULL NAME Elroy Jefferson Pratt

(a) Residence. No. 22 S Pennsylvania 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.

AUG 26 1930

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kate C. Pratt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 4 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	69	4	8	

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

9. BIRTHPLACE (CITY OR TOWN) Black Creek
(STATE OR COUNTRY) New York

PARENTS

10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) "
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) "

14. INFORMANT Mrs Kate C. Pratt
(Address) Webb City Mo

15. FILED 7/16, 1930 R. M. Stormont REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) July 12 1930

17. I HEREBY CERTIFY, That I attended deceased from March 19, 1930, to July 12, 1930 that I last saw him alive on July 12, 1930, and that death occurred, on the date stated above, at 12 40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Nephritis

132 A

87 B (duration) ..... yrs. 3 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Nervous breakdown

..... (duration) ..... yrs. 6 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) M S Slaughter M.D.

7-14, 1930 (Address) Webb City 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
Ozark Memorial Park	7/14 1930
20. UNDERTAKER	**ADDRESS**
Webb City Und Co	Webb City