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

Do not use this space.

29877

File No. 3682

Registered No. 3682

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City Kansas City (No. St. Joseph Hospital St. ..... Ward)

2. FULL NAME Edwin Williams Pratt

(a) Residence. No. 1104 E-75th St Terrace Ward 15 (If nonresident, give city or town and State)
(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	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 Esther Pratt

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-6-1901

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	29	8	0	

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

9. BIRTHPLACE (CITY OR TOWN) ~~Edwin B~~ (STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Edwin B Pratt

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

12. MAIDEN NAME OF MOTHER Lucile A Williams

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

14. INFORMANT Mrs Esther Pratt (Address) 1104 W-75th Terrace

15. FILED 9/7, 1930 M M Crowe REGISTRAR Assn

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept-6 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1930, to Sept 6, 1930 that I last saw him alive on Sept 6, 1930, and that death occurred, on the date stated above, at 9 40 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Myocarditis
93A
88B
(duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) Unknown - according to Physician (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH ✓
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
9/7 (Signed) E A Kyner M. D.
1930 (Address) 31st & Troost Ave

*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
Mt Washington	Sept-8 1930
20. UNDERTAKER	**ADDRESS**
Dwyer Cremers Sons	K. C. 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.

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

5109 project No 4197

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