MAR 27 1931

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

Do not use this space.

6785

File No.
Registered No. 3

1. PLACE OF DEATH
County St Clair Registration District No. 769
Township Speedwell Primary Registration District No. 6015
City (No. , St. Ward)

2. FULL NAME Ezra Prough
(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 Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF ~~MARRIED~~, WIDOWED, OR DIVORCED
HUSBAND OF (OR) ~~WIFE OF~~ Catherine Hill Prough

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 27, 1844

7. AGE 86 YEARS [redacted] MONTHS 5 DAYS 24 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lagrange Ind

FATHER
13. NAME Peter Prough
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 31

MOTHER
15. MAIDEN NAME Thurston
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT Bertha Prough
(ADDRESS) Tabonville Mo

18. BURIAL, ~~CREMATION~~, OR REMOVAL
PLACE Tabonville Cemetery DATE Feb 22, 1931

19. UNDERTAKER Lyte Lewis & Son
(ADDRESS) Sedalia City, Mo.

20. FILED 2-21-1931 J. H. Dawson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) × Feb 20, 1931

22. I HEREBY CERTIFY, That I attended deceased from 1-3, 1931, to 2-20, 1931
I last saw him alive on 2-20, 1931. Death is said to have occurred on the date stated above, at 11:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	Jan. 1 1931
46	
46	

Other contributory causes of importance: M Brown

Name of operation None Date of ×
What test confirmed diagnosis? Clinical Diagnosis Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? × Date of injury, 19
Where did injury occur? × (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury ×
Nature of injury ×

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) J. O. Richardson, M. D.
(Address) Griffin Mo

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

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.