

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

Do not use this space.

36655

1. PLACE OF DEATH

County Seneca
Township Center
City Nevada (No. _____)

Registration District No. 975
Primary Registration District No. 3039

File No. Yates
Registered No. 249
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 904 W. Walnut St., 1 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 1 - 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 11 17

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Keeper
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) July 1, 1931
11. Total time (years) spent in this occupation all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brooklyn Long Island N.Y.

13. NAME Hennis C. Pratt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Mary Wright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. D. C.

17. INFORMANT (ADDRESS) John Baker Nevada Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Newton cemet DATE Oct 19 1931

19. UNDERTAKER (ADDRESS) Fern Funeral Home Nevada Mo.

20. FILED 11-9- 1931 E. P. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 17 - 1931

22. I HEREBY CERTIFY, That I attended deceased from 1926, 19 , to Oct 17, 1931

I last saw her alive on 1st Oct 17 -, 1931. Death is said

to have occurred on the date stated above, at 4⁰⁰ p.m.

The principal cause of death and related causes of importance were as follows:

Chronic Nephritis Date of onset 5 yrs ago.
131 / 31
Other contributory causes of importance: _____

Name of operation None Date of _____
What test confirmed 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 _____

(Signed) J. M. Yates, M. D.
(Address) Nevada, 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.

NOV 28 1931

