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.

FEB 4 1932

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

Do not use this space.

820

1. PLACE OF DEATH

County: Grundy — Registration District No.: 320

Township: ~~Trenton~~ — Primary Registration District No.: 3017

City: Trenton (No. ..... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME: Hazel Pratt

(a) Residence, No. 1315 Merrill St., Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 23 yrs. 7 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 13 - 1908

7. AGE: Years 23 — Months 7 — Days 12 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: none

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): Gault, Missouri

FATHER

13. NAME: Chester Pratt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Ester Berry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): W. L. Davis, Trenton Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Gault DATE: Jan 27, 1932

19. UNDERTAKER (ADDRESS): Benn C. Harris, Trenton Missouri

20. FILED: 26 Jan 19.. E. A. Duffy, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 25, 1932

22. I HEREBY CERTIFY That I attended deceased from Jan. 24, 1932 to Jan 25, 1932 I last saw her alive on Jan 25, 1932. Death is said to have occurred on the date stated above, at 10 00 a.m.

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

	Date of onset
Pulmonary Tuberculosis	1905
23A	

Other contributory causes of importance: none

Name of operation: none Date of: —

What test confirmed diagnosis? X-Ray 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) W. A. Jackson, M. D.

(Address) 905½ Main Trenton Mo.