

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85
 Township Primary Registration District No. 1001
 City St. Joseph (No. Sunraylope Hospital) St. Ward)

File No. 3803
 Registered No. 155

2. FULL NAME Anna Prather

(a) Residence, No. 511 North 10 street 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 Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David Prather

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15, 1860

7. AGE YEARS 71 MONTHS 9 DAYS 2 IF LESS than 1 day, hrs. or min.

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) Easton Missouri

13. NAME Michael O'Neill

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

15. MAIDEN NAME Anna Costello

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland

17. INFORMANT Wm. O'Neill (ADDRESS) St. Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cemetery
 PLACE St. Joseph Mo. DATE Febr. 20 1932

19. UNDERTAKER H. O. Sidenfaden (ADDRESS) 1802 Union St. St. Joseph Mo.

20. FILED FEB 19 1932 John R. Curdick Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 17 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb 5 1932 to 2-17 1932
 I last saw h. or alive on Feb 17 1932 Death is said to have occurred on the date stated above, at 4:45P.m.

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

Pulmonary tuberculosis (Date of onset several yrs duration)
2317
930 213
 Other contributory causes of importance: myocarditis ①

Name of operation Date of
 What test confirmed diagnosis? Laboratory 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) A. J. Smith M. D.
 (Address) Phys. - Sun. Hosp.

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.

MAR 21 1932

