

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.

16-162

OCT 17 1934

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Kear
City Kansas City

Registration District No. 399
Primary Registration District No. 1002
(No. Research Hospital)

File No. 29638
Registered No. 4000
St. _____ Ward _____

2. FULL NAME

Hiram Abiff Pratt

(a) Residence, No. 5735 Forest 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-3-65

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
69 2 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cabinet maker

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) Waseja, Minn

13. NAME Horace W. Pratt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Do not know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Do not know

17. INFORMANT Mrs A W Pratt (ADDRESS) 5735 Forest

18. BURIAL, CREMATION, OR REMOVAL PLACE Elmwood Cemetery DATE 9/4/34 19. _____

19. UNDERTAKER O. V. MAST FUNERAL HOME, Inc. (ADDRESS) 3176 Main St.

20. FILED 9-4- 19 34 M. M. Brown Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-31, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to Aug 31, 1934

I last saw him alive on Aug 31, 1934. Death is said to have occurred on the date stated above, at 5:50 P. M.

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

Myocardial degeneration with decompensation. Date of onset Aug 23
Coronary thrombosis. Aug 23
Renal arteriosclerosis—marked.

Other contributory causes of importance: 40
Cancer of the rectum. Mar 14 1934
40
131

Name of operation Radium implantation in rectum Date of operation Aug 18, 34
What test confirmed diagnosis? Biopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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 none
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Kip Robinson M. D.
(Address) 928 Professional Bldg, K.C. Mo.

W.E. & K. Robinson

Professional Body