SEP 13 1934

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

Do not use this space.

31768

1. PLACE OF DEATH

County Washington — Registration District No. 976 — File No. 52

Township Kingston — Primary Registration District No. 6187 — Registered No. 51

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME William Pratt

(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Margaret Mary Pratt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 10, 1850

7. AGE: YEARS 84 — MONTHS 4 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: 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): Cruise Mo.

FATHER

13. NAME: Batiese Pratt

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

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Washington County

17. INFORMANT (ADDRESS): Thos. Larry Pratt, Cruise, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Richwoods, Mo. DATE 8/29/34 19

19. UNDERTAKER (ADDRESS): J. B. Boyer & Son, Potosi, Mo.

20. FILED 8/31, 1934 Chas. A. Martin, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug. 27, 1934 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1934, to Aug 27, 1934

I last saw him alive on Aug 20, 1934. Death is said to have occurred on the date stated above, at 6:20 P.M.

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

	Date of onset
Tuberculosis of lungs	
23A	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

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

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) David Ford, M. D.

(Address) De Soto 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.