

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

Do not use this space.

APR 1 1935 MAR 21 1935

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City *St. Rogers* (No. *St. Paul Hospital*) St. *2211* Ward)

**2. FULL NAME**

*Sylvester A. Pratte*  
 (a) Residence, No. *4931 Alcott* St., *7* Ward.  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred *50* 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 *Prudence Pratte*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *7-30-1872*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>62</i>	<i>7</i>	<i>5</i>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Collector</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Chain of Rocks Bridge</i>
	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) *Jonesburg Mo*

MOTHER FATHER 13. NAME *Sylvester Pratte*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

15. MAIDEN NAME *Mary Sloan*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

17. INFORMANT *Mrs Prudence Pratte*  
 (ADDRESS) *4931 Alcott Ave*

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE *Calvary* DATE *3/8/35*

19. UNDERTAKER *H. A. Stock and Co*  
 (ADDRESS) *211-7 Grand Blvd*

20. FILED *MAR - 8 1935*  
*J. F. Bredeck* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 5 1935*

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at *6:45 A.M.*

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

*Perirenal Phlebotomy*  
*Chain of Rocks Bridge of right side non-traumatic*  
 Other contributory causes of importance:.....

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? *yes*

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?.....

If so, specify.....

(Signed) *Harold E. Shaw*, M. D.

(Address) *3/6/35*

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.

