

JUN 27 1935

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

Do not use this space.

20512

1. PLACE OF DEATH

72 County *New Madrid*
9 Township *Portage*
15 City *Portageville* (No.)

Registration District No. *607*
Primary Registration District No. *4361*

File No. *20*
Registered No.
St. Ward

2. FULL NAME

Bessie Pratt

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

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Infant*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 9th 1935*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. *0 2 5*

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

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) *near Portville mo*

13. NAME *George Pratt*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Oregon Co. mo*

15. MAIDEN NAME *Bessie Richie*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Portville mo*

17. INFORMANT (ADDRESS) *George Pratt Portville mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *County Farm* DATE *June 14, 1935*

19. UNDERTAKER (ADDRESS) *none*

20. FILED *June 24, 1935* *May W. Corte Registrar.*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6-14* 19*35*

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 *8:10 a.m.*

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

an information furnished Child died of pneumonia Had no doctor, child sick since Monday June 14th, 1935 -

Other contributory causes of importance: *Premature birth, very weak child since birth*

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?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

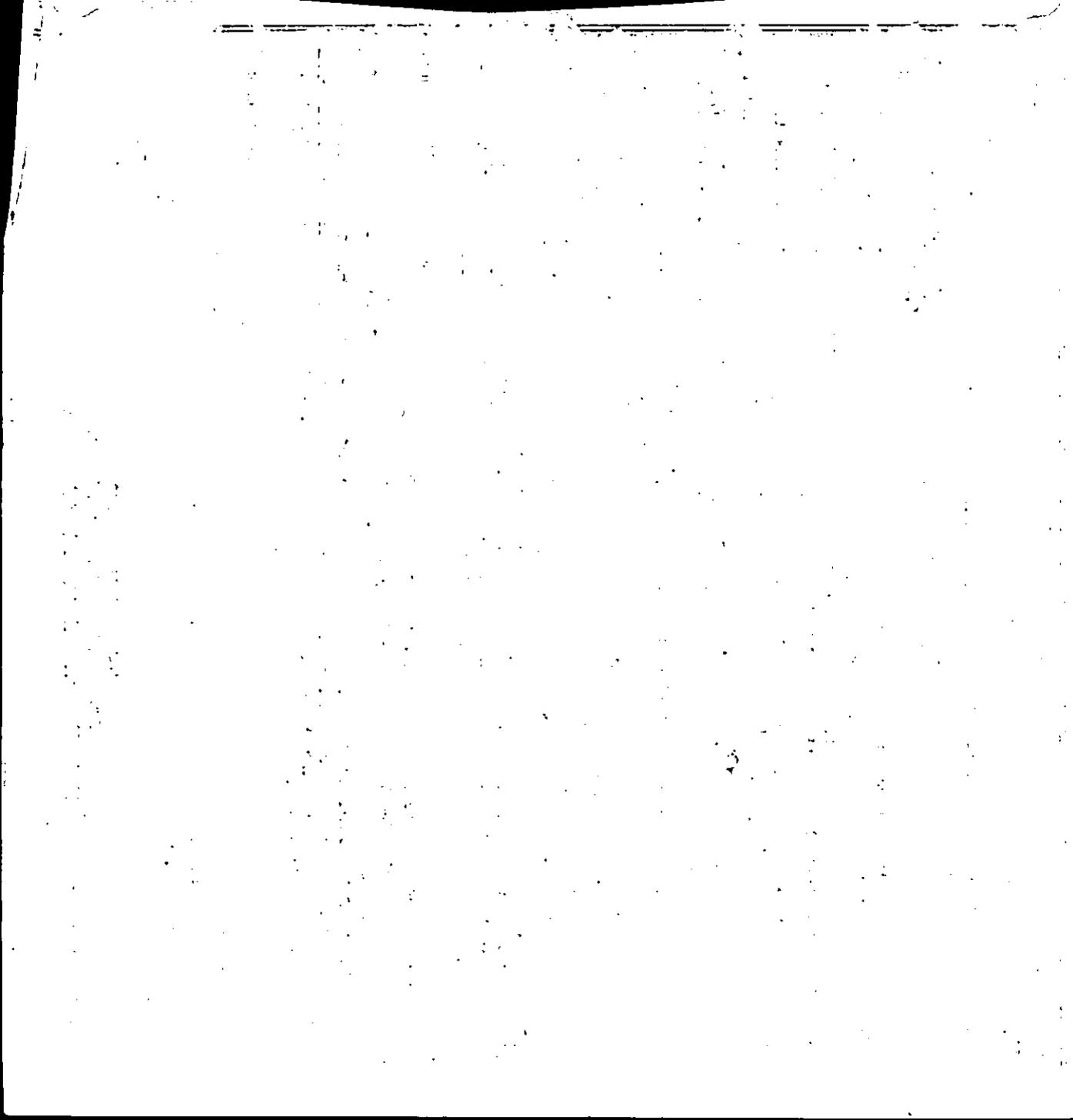
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury..... Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) *J. Richards, Coroner*
(Address) *New Madrid.*

Mrs. M. A. Kightly says child died with pneumonia



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED
FOR MUST BE SET OUT IN THIS SPACE ON
THIS SUPPLEMENTARY,

1. PLACE OF DEATH

County New Madrid
Township
City Partageville (No.)

Registration District No. 607
Primary Registration District No. 4361

File No.
Registered No. 20
St. Ward)

2. FULL NAME

Bessie 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2 5

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

FATHER
13. NAME

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

MOTHER
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED June 24, 1935 Mary W. Coats Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14-35

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

I last saw him alive on 19..... Death is said to have occurred on the date stated above, at m.

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

No information furnished
Child had pneumonia
Impossible to state whether Broncho
Other contributory causes of importance:
debar as there was no doctor only a neighbor

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? 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) J. A. Richards M. D.
(Address) New Madrid Mo

AUG 6 1957

S-20512