

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.

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

Do not use this space.

MAR 17 1936

5065

1. PLACE OF DEATH

County Charlton
Township Musselfork
City (No. _____)

Registration District No. 175
Primary Registration District No. 5250

File No. _____
Registered No. 13
St. _____ Ward _____

2. FULL NAME Virginia Lou Prather

(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 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20, 1936

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

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) Musselfork
(STATE OR COUNTRY) Missouri

13. NAME J. L. Prather

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

15. MAIDEN NAME Dorothy Chapman

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

17. INFORMANT J. L. Prather
(ADDRESS) Keytesville, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Musselfork DATE Feb. 21 1936

19. UNDERTAKER J. L. Prather, father
(ADDRESS) Keytesville, Missouri

20. FILED 2-21 1936 J. W. Hartman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 21 19 36

22. I HEREBY CERTIFY, That I attended deceased from Feb 20, 1936, to Feb 21, 1936
I last saw her alive on Feb 20, 1936 Death is said to have occurred on the date stated above, at 4 a m.
The principal cause of death and related causes of importance were as follows:

Brain injury during birth

Date of onset

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? _____ 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. W. Hartman, M. D.
(Address) Salisbury, Missouri

