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.

MAR 21 1936

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

Do not use this space.

5778

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No.
Township Kaw — Primary Registration District No. 1007 — Registered No. 568
City Kansas City (No. 3028 Olive St. Ward)

2. FULL NAME Betty E. Prather
(a) Residence, No. 3028 Olive 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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. F. Prather
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-22-1855
7. AGE YEARS 80 MONTHS 3 DAYS 9 days If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Keeper
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) Tompkinsville Kentucky

FATHER
13. NAME William Malden
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Mattie Stevens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs E. A. Moore 4139 E 15th K.C. Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Washington DATE 2-3-1936
19. UNDERTAKER (ADDRESS) Rose & Henderson 4139 E 15th K.C. Mo
20. FILED 2/3 1936 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from July, 1935, to 2-1-, 1936
I last saw her alive on 1-31-, 1936. Death is said to have occurred on the date stated above, at 4:25 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hypostatic pneumonia	2 or 3
from a long standing	years
debilitation	
debilitation	

Other contributory causes of importance:
Senility 111 [illegible]

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) C. H. Wyatt, M. D.
(Address) 3850 Prospect

Dr. Wyatt
3860 Prospect.