

APR 15 1936

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan
Township
City St. Joseph (No. Missouri)

Registration District No. 85
Primary Registration District No. 1001
Methodist Hospital

File No. 9430
Registered No. 438
St. _____ Ward)

2. FULL NAME

Henry Amos Pratt

(a) Residence, No. 2612 Mitchell Ave. St. _____ Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 14, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 2 7

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

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) Marseilles, Ill.13. NAME James B. Pratt14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fernsberg, Ohio.15. MAIDEN NAME Ann Jeanette Howard16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dresden, N.Y.17. INFORMANT Mrs. Nellie J. Ditzell
(ADDRESS) 1825 E. 48th St. Terrace18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem. DATE Mar. 23, 193619. UNDERTAKER Walter Meinhoffer
(ADDRESS) 1302 Faron St. St. Joseph, Mo.20. FILED MAR 23 1936 John R. Bender
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 21, 1936 .19

22. I HEREBY CERTIFY, That I attended deceased from

3-13, 196, to 3-21, 196I last saw him alive on 3-21, 196 Death is saidto have occurred on the date stated above, at 12.15 P.M.

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

Pulmonary Congestion
Hypostatic pneumonia
Date of onset 98

Other contributory causes of importance:

Old fracture - non union
of Rt. Hip
General arteriosclerosis

Name of operation none Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? yes

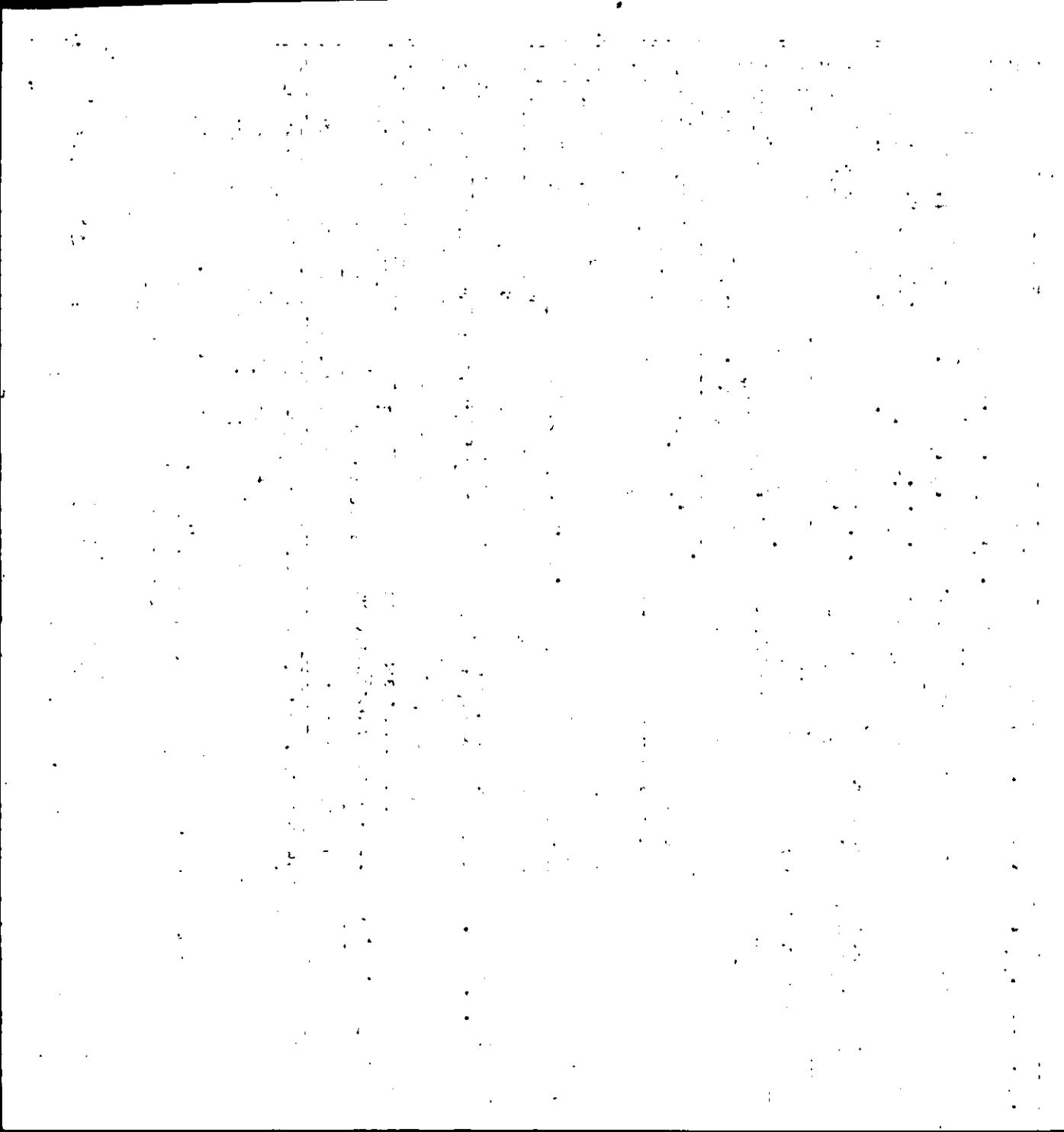
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

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? NO
If so, specify _____

(Signed) Jacob Krolowki, M. D.
(Address) Phys. & Surg. Bldg. St. Joseph, Mo.
Krolowki



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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85 File No. _____
 Township _____ Primary Registration District No. 1001 Registered No. 438
 City St. Joseph (No. _____, _____ St. _____ Ward _____)

2. FULL NAME

Henry Amos 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE YEARS 35 MONTHS 2 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

19. UNDERTAKER (ADDRESS)

20. FILED 5-21 1936 J. K. ... M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

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

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

I last saw him alive on _____, 19____. Death is said to have occurred on the _____ at _____ m.

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

Cardio-vascular disease
Hypostatic pneumonia
 Other contributory causes of importance:
Old fracture non-union of right hip

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (homicide), 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.

No further information available
 Manner of injury _____
 Nature of injury _____

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

(Signed) Jacob Karlowicz, M. D.
 (Address) St. Joseph, Mo.

SUPPLEMENTARY

5/21 1936 H. Heston

S-9430