

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

Do not use this space.

JUL 15 1936

22048

1. PLACE OF DEATH

County Buchanan
Township.....
City St. Joseph

Registration District No. 85
Primary Registration District No. 1001
(No. St. Joseph's Hospital)

File No.
Registered No. 617
St. Ward)

2. FULL NAME EVAN OWEN PRATT

(a) Residence, No. Route # 6 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*writes the word*) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 11 15

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Kelsey Nursery
10. Date deceased last worked at this occupation (month and year) May 1936 11. Total time (years) spent in this occupation 30Yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Missouri

FATHER
13. NAME Horton Pratt

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

MOTHER
15. MAIDEN NAME Angeline Taber

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

17. INFORMANT Mrs. Robert Kolard
(ADDRESS) Route # 5, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE King Hill Cemetery DATE June 19, 1936

19. UNDERTAKER Clark Mortuary

(ADDRESS) 5025 King Hill Ave St. Joseph Mo.

20. FILED June 18, 1936 A. J. Nestleberg Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1936 19

22. I HEREBY CERTIFY, That I attended deceased from

June 1, 1936 to June 17, 1936

I last saw him alive on June 17, 1936. Death is said

to have occurred on the date stated above, at 7:11 m.

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

Hyper Nephroma Date of onset 1935

Other contributory causes of importance:

Metastases to Lungs

Name of operation None Date of

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury

Where did injury occur? None (Specify city or town, county, and State)

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

Manner of injury None

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify

(Signed) W. J. Thompson M. D.

(Address) 825 - Chamber St. Joseph, Mo.

