

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

Do not use this space.

SEP 23 1936

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township East Primary Registration District No. 1412
 City Kansas City (No. St. Luke's Hospital) St. 3723 Ward

File No. 30925

Registered No. 3723

2. FULL NAME Albert Paris Pratt

(a) Residence, No. 2406 Drury St., Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 28, 1897

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	39	5	13	

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

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) Missouri

13. NAME Winslow Pratt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

15. MAIDEN NAME Laura Missie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Mrs. Mary Pratt
 (ADDRESS) 2406 Drury, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Burbon, Missouri DATE Aug. 12, 1936

19. UNDERTAKER Stine & McClure
 (ADDRESS) 3235 Gillham Plaza

20. FILED 8/12 1936 M. M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 11, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-15-1936 to 8-11-1936

I last saw him alive on 3478 M 8-11-1936 Death is said to have occurred on the date stated above, at P.m. 3:47

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

Acute glomerular nephritis Date of onset

131

Other contributory causes of importance: Cardiac failure

Name of operation..... 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? No 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? Yes

If so, specify worked in cold mine. Then in open field

(Signed) John C. McHale, M. D.

(Address) 5400 Independence Ave

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.

W. J. P. Hall. 1871
20. 1871.

11-11-1871
11-11-1871

11-11-1871

11-11-1871

11-11-1871

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1. PLACE OF DEATH **SEP 29 1936**

County Registration District No. File No.
Township Primary Registration District No. Registered No. **3723**
City (No. **St. Luke's Hospital** St. Ward)

2. FULL NAME **Albert Paris 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 **Male** 4. COLOR OR RACE **wh** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**
(write the word)

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.
39

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 **8/12 1936 M. M. Brown**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug 11, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **7-15 - 1936** to **8-11 - 1936**

I last saw him alive on **8-11 - 1936** Death is said to have occurred on the date stated above, at **3:47 p.m.**

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

No Nephritic Nephrosis
Exacerbation of a Chronic case
131
Date of onset
Other contributory causes of importance:
Cardiac failure
Myocarditis

Name of operation 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.

Industry
Manner of injury **renal colic from stone**
Nature of injury **nephritis** **rapid changes**

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

(Signed) **Shel C. McNamee**, M. D.
(Address) **5400 Independence Ave**

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.

S-30925