

DEC 4 1936

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

Do not use this space.

40082

## 1. PLACE OF DEATH

County StoddardRegistration District No. 834File No. 834

Township

Primary Registration District No. 4003Registered No. 57City Advance

(No. ....)

St. ....

Ward) .....

2. FULL NAME Sarah J 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 35 yrs. .... mos. .... ds.

How long in U. S., if of foreign birth? .... yrs. .... mos. .... ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 25 1856

7. AGE

YEARS 80MONTHS 1DAYS 28

If LESS than 1 day, ..... hrs. or ..... min.

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) Illinois13. NAME Stewart14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.15. MAIDEN NAME Emily Hall16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.17. INFORMANT (ADDRESS) J. C. Prather Advance Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cape Girardeau DATE Oct 26 193619. UNDERTAKER (ADDRESS) Lead & Morgan Advance Mo

20. FILED

19

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct, 24 193622. I HEREBY CERTIFY, That I attended deceased from Oct. 10 1936 to Oct. 24 1936I last saw her alive on Oct. 24 1936. Death is saidto have occurred on the date stated above, at 30 m.

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

Senility

Date of onset

Other contributor causes of importance:

Name of operation

What test confirmed diagnosis? infect Date of

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

Accident, suicide, or homicide? Date of injury

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) L. E. Lewis M. D.(Address) Advance, Mo.

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.

