

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

Do not use this space.

MAR 24 1937

1. PLACE OF DEATH

County Perry
 Township Central
 City _____ (No. _____ St. _____ Ward _____)

Registration District No. 660
 Primary Registration District No. 5878

File No. 7579
 Registered No. _____

2. FULL NAME

Francis Prost

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Louise L. Kate</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 4, 1853</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>7</u>
	DAYS <u>0</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>		
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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 4, 1937

22. I HEREBY CERTIFY, That I attended deceased from 2-2, 1937, to 2-4-37, 1937.
 I last saw him alive on 2-2-37, 1937. Death is said to have occurred on the date stated above, at 6:20 PM.
 The principal cause of death and related causes of importance were as follows:

Apoplexy

Date of onset
2-2-37

Other contributory causes of importance:
None

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Perry County Missouri

13. NAME
Claude U. Prost

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

15. MAIDEN NAME
Mary Besand

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

17. INFORMANT (ADDRESS)
Mr. Frank Prost Perryville Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt Hope Cem DATE Feb 6, 1937

19. UNDERTAKER (ADDRESS)
Beys Undertaking Co Perryville Mo

20. FILED Feb 5, 1937 Jose J. Zollner Registrar.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 1937
 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) Dr. L. L. Feltz, M. D.
 (Address) Perryville, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCCUPATION FATHER MOTHER

