

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.

MAY 7 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

791

14693

Township.....

Primary Registration District No.....

1003

File No.....

City St. Louis (No. 1416 Abear)

St. NR Ward. 2

Registered No.....

4189

St. 2 Ward 2

2. FULL NAME Maynard W. Prentiss

(a) Residence, No. Route 7, Rockford Ill. St. NR Ward. Rockford Ill.
(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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 19 1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 1 3

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Alumina Vacuum Machine Co. Rockford Ill.

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) Rockville Ill.

13. NAME Jonas Prentiss

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

15. MAIDEN NAME Mary E. Plaugher

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

17. INFORMANT Virginia May Prentiss
(ADDRESS) Rockford Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rockford Ill. DATE Apr. 25, 1937

19. UNDERTAKER Chorist. Und. Co.
(ADDRESS) 3710 N. Grand Bldg.

20. APR 22 1937 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

No Attending Physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 22, 1937

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

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:15 A.M.

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

Coronary Sclerosis with Occlusion

Other contributory causes of importance: Mitral Stenosis

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.

Manner of injury H

Nature of injury _____

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

If so, specify _____

(Signed) Alfred J. Perry, M.D.

(Address) Deputy Coroner

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