

MAY 28 1937

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

Do not use this space.

16936

1. PLACE OF DEATH
County Miller Registration District No. 643
Township Bonne Primary Registration District No. 6743
City Meta (No. St. Ward)

File No.
Registered No. 5

2. FULL NAME Nepoleon Prater
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 5-1854
7. AGE YEARS 83 MONTHS 1 DAYS 3 If LESS than 1 day, hrs. or min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18 1937
22. I HEREBY CERTIFY, That I attended deceased from April 7 1937 to April 18 1937
I last saw him alive on April 16 1937 Death is said to have occurred on the date stated above, at 1:20 m.
The principal cause of death and related causes of importance were as follows:

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

my records
Chronic Nephritis
Hemiplegia R. Side
Other contributory causes of importance:
arterio Sclerosis
Stroke

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Woodbury Tenn
13. NAME Benjamin Prater
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn
15. MAIDEN NAME Elizabeth Warren
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

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

17. INFORMANT Richard Prater (ADDRESS) Meta Mo

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.

18. BURIAL, CREMATION, OR REMOVAL PLACE Archelon Cem DATE Apr 19 1937

Manner of injury
Nature of injury

19. UNDERTAKER Delays & Co (ADDRESS) Meta Mo

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) S. Gaston , M. D.
(Address) Meta

20. FILED April 28 1937 Mrs Rosa Lawson Registrar.

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

2-1-37

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