

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

Do not use this space.

JUN 24 1937

20681

1. PLACE OF DEATH

County..... **Mercer**
Township.....
City..... **Princeton** (No. St. Ward)

Registration District No. **556**
Primary Registration District No. **5750**

File No.
Registered No. **40**

2. FULL NAME

**Luna Lee Prather
R.F.D. Mercer Mo.**

(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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 5 1937**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Lloyd Prather**

17. I HEREBY CERTIFY, That I attended deceased from **May 20 1937** to **June 2 1937** that I last saw her alive on **June 2 1937**, and that death occurred, on the date stated above, at **2:45 P.M.**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **April 8, 1879**

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of the Cervix - 5 yr. Stand.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 I 27

CONTRIBUTORY (SECONDARY) **IX** (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work **Housewife** (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH **?** DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **May 26, 1937** WAS THERE AN AUTOPSY? **no** WHAT TEST CONFIRMED DIAGNOSIS? **Laboratory - Cancer of Cervix. Dr. B. J. Oxtell** (Signed) **June 6, 1937** (Address) **Princeton, MO**

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

10. NAME OF FATHER **Tom Cummings**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

12. MAIDEN NAME OF MOTHER **Unable to learn**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**

14. INFORMANT **Lloyd Prather** (Address) **Mercer Mo**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Farley Cemetery** DATE OF BURIAL **June 8, 1937**

15. FILED **6/6 1937** **J M Terry** REGISTRAR

20. UNDERTAKER **O O Greenlee** ADDRESS **Linnville La**

Cause of Death in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

