REC'D MAR 15 1938

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

Do not use this space.

1. PLACE OF DEATH
County Dade
Township Rock Prairie
City Everton Mo
Registration District No. 236
Primary Registration District No. 4143
File No. 6566
Registered No.
(No. ..... St. ..... Ward)

2. FULL NAME William Elijah Prater 636
(a) Residence. No. Everton R1 St., ... Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 71 yrs. 3 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Alma Perrill Prater

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-17-1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	71	3	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Farming & Stock Raising
(c) Name of employer Self

9. BIRTHPLACE (CITY OR TOWN) Everton
(STATE OR COUNTRY) Dade Co Missouri

PARENTS
10. NAME OF FATHER Samuel Prater
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Sarah Ray.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky
(STATE OR COUNTRY)

14. INFORMANT Mrs Alma Prater
(Address) Everton Mo R 1

15. FILED 3-2, 1938 Mrs C. R. Stapp REGISTRAR
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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 17 1938

17. I HEREBY CERTIFY, That I attended deceased from Nov. 20, 1937, to Feb. 17, 1938, that I last saw him alive on Feb 13, 1938, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Interstitial nephritis of long standing
(duration) 2 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Endo carditis
(duration) ..... yrs. 2 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory tests & symptoms
(Signed) L. I. Holmes, M. D.
, 19 (Address) Miller

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Ray Springs Cemetery	2/20 1938
20. UNDERTAKER	ADDRESS
Brim Funeral Service	Ark Grove Mo.

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