

REC'D MAY 25 1938

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

Do not use this space.

1. PLACE OF DEATH

County Stoddard
Township Stoke
City Advance, Mo. (No. _____) St. _____ Ward _____

Registration District No. 834
Primary Registration District No. 4505

File No. 16027
Registered No. 18

2. FULL NAME

Stewart Alexander Prather : : l

(a) Residence, No. Advance, Mo. 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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 5, 1908</u>		
7. AGE	YEARS <u>29</u>	MONTHS <u>8</u>
	DAYS <u>24</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Bookkeeper</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.
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fruitland, Missouri</u>		
FATHER	13. NAME <u>Ray Prather</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>	
MOTHER	15. MAIDEN NAME <u>Mary Alexander</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Fruitland, Mo.</u>	
17. INFORMANT (ADDRESS) <u>J. C. Prather, Advance, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Dressier Cemetery, Cape Girardeau, Mo.</u> DATE <u>April 24, 1938</u>		
19. UNDERTAKER (ADDRESS) <u>Blaylock & Morgan, Advance, Mo.</u>		
20. FILED <u>4-23, 1938</u> <u>D. S. McFee</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>April 27, 1938</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Jan. 1, 1938</u> , to <u>Apr. 27, 1938</u>	
I last saw him alive on <u>Apr. 27, 1938</u> . Death is said to have occurred on the date stated above, at <u>9:30 a.m.</u>	
The principal cause of death and related causes of importance were as follows: <u>Pulmonary Tuberculosis</u>	
Other contributory causes of importance:	<u>None</u>
Name of operation	Date of
What test confirmed diagnosis? <u>Imposter</u>	Was there an autopsy? <input checked="" type="checkbox"/>
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	Nature of injury
24. Was disease or injury in any way related to occupation of deceased? <u>No</u>	
If so, specify	(Signed) <u>L. E. Lewis</u> , M. D.
(Address) <u>Advance, Mo.</u>	<u>759</u>

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.

