

REC'D OCT 7 1938

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

32620  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Lawrence Registration District No. 470  
(b) Township mt Vernon Primary Registration District No. JL 33 Registered No. 115  
(c) City mt Vernon, Mo (d) Street No. State Sanatorium St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. 19 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Ada Blanche Pratt

(a) Residence, No. Willow Springs, Mo St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 14, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
58 7 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stenographer  
9. Industry or business in which work was done, as saw mill, bank, etc. Parliamentary  
10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation 27

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stone Fort, Ill.

FATHER 13. NAME De Witte Clinton Smith  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

MOTHER 15. MAIDEN NAME Martha Campbell  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT E. McMichael, Registrar  
(ADDRESS) mo St. Lawrence, mt. Vernon

18. BURIAL, CREMATION, OR REMOVAL PLACE Willow Springs DATE Sept 26, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fossitt Funeral Home  
mt. Vernon, Mo.

20. FILED Sept 26, 1938 R. A. Palmer  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept - 25, 1938

22. I HEREBY CERTIFY, That I attended deceased from 9 - 7, 1938, to 9 - 25, 1938

I last saw her alive on Sept 25, 1938. Death is said to have occurred on the date stated above, at 10:15 a. m.

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

Tuberculosis Date of onset 1935

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? X-ray Was there an autopsy? No

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 no  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_

(Signed) R. H. Rinde M.D., M. D.

(Address) mt. Vernon, Mo

RECEIVED

District Health Officer No. 6,

District File Number 6-38-232

Date Filed 10/5/38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

Mrs. H. D. Fossell .....

or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed .....

Licensed Embalmer No. ....

2720

P. O. Address .....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**