

REC'D MAR 15 1939

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

Do not use this space.

See also 7099-39

## 1. PLACE OF DEATH

County Linn Registration District No. 497 File No. 7087  
Township North Benton Primary Registration District No. 5661A Registered No. 6  
City (No. ....) St. .... Ward)

## 2. FULL NAME

Ross E. Prather  
(a) Residence, No. RFD Browning Mo. Ward. .... (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>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE (MARRIED, WIDOWED, OR DIVORCED) (Write the word) <u>Wife</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Gussie Prather</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May-8-1878</u>		
7. AGE	YEARS <u>60</u>	MONTHS <u>8</u>
	DAYS <u>27</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>Farmer</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 <u>50</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Linn Co Mo.</u>		
FATHER	13. NAME <u>William Prather</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Rebecca Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u>	
17. INFORMANT (ADDRESS) <u>Gussie Prather Browning, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Prather Cem</u> DATE <u>Feb. 9 1939</u>		
19. UNDERTAKER (ADDRESS) <u>B. W. Hummel Browning, Mo.</u>		
20. FILED <u>Feb. 28 1939 Mrs. O. Williams</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-5-1939

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 1-P m.

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

Date of onset

Pistol Shot to Head  
(Self-inflicted)

Other contributory causes of importance:

Paronychia

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide suicide Date of injury....., 19.....Where did injury occur? Linn Co Mo.  
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place.  
In Garage at his homeManner of injury Pistol Shot to HeadNature of injury Pistol Shot to Head24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) W. H. Lucas M. D.(Address) Paronychia of Linn Co -

Browning Mo

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.

Browning Mv.

# 95-6.