REC'D AUG 18 1939

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

27165
Do not use this space.

1. PLACE OF DEATH
(a) County Webster
(b) Township or City Ozark
(c) Marshfield
Registration District No. 896
Primary Registration District No. 6198
Registered No. 26
(d) Street No. ..... St.
(e) Length of residence in city or town where death occurred life yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number)
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 630 Mildred Christine Pratt
(a) Residence, No. ..... 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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: x x x
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) September 3, 1935
7. AGE: Years 3 | Months 9 | Days 4 | If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright Co., Mo.

FATHER
13. NAME Alexander Pratt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co., Mo.

MOTHER
15. MAIDEN NAME Mary Ann Pratt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co., Mo.

17. INFORMANT (ADDRESS) Alexander Pratt, Marshfield, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Good Hope DATE June 9, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Rex Raines, Marshfield, Mo.

20. FILED July 14, 1939 Elizabeth McGhee
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1939

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to June 7, 1939
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Phrenitis	

Other contributory causes of importance:

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? ..... 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? .....
If so, specify .....
(Signed) W. L. Spencer D.O. M. D.
(Address) Marshfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 6,
District File Number 839-1716
Date Filed AUG 16 1939

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, or by X

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed Lex Lamey

Licensed Embalmer No. 3312

P. O. Address Marshfield, Mo.

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

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

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

27163-7

Do not use this space.

1. PLACE OF DEATH

(a) County: Webster — Registration District No.: 896

(b) Township: Ozark — Primary Registration District No.: 6198 — Registered No.: 26

(c) City: — (d) Street No.: — 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Mildred Christine Pratt

(a) Residence, No.: 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: F

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): S

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

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

7. AGE: Years 3 — Months 9 — Days 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as 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)

FATHER

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6-7 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 m.

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

Drowning — Date of onset

Other contributory causes of importance:

Name of operation Date of

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

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

Accident, suicide, or homicide? Accident Date of injury 6-7 1939

Where did injury occur? Webster County (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In creek — near house

Manner of injury: Child suddenly fell

Nature of injury: into creek — No one near — No boat — No witnesses

24. Was disease or injury in any way related to occupation of deceased? N.D.

If so, specify

(Signed) W. D. Spencer M. D.

(Address) Marshfield Mo

SUPPLEMENTARY

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

1939
S-27165