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

Do not use this space.

41360

File No.

Registered No.

1. PLACE OF DEATH
County St. Francois
Township Randolph
City Cantwell (No. , St. Ward)

Registration District No. 779
Primary Registration District No. 6024a

2. FULL NAME Thomas Prather

(a) Residence, No. Cantwell 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	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 Mary Prather

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 3 1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	67	9	8	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mechanic
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 63
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) Missouri

FATHER
13. NAME William Prather
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin Co Missouri

MOTHER
15. MAIDEN NAME Mary Farrow
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Herlin Prather (ADDRESS) Desloge Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Francois DATE Dec. 13 1932

19. UNDERTAKER C. Z Boyer (ADDRESS) Desloge Mo

20. FILED 12-13-1932 R. B. Lehr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 11 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 4, 1932, to Dec 11, 1932
I last saw h. alive on Dec 11, 1932. Death is said to have occurred on the date stated above, at 8:30P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonia	Dec 3, 1932
HP 44C	

Other contributory causes of importance: (1)

(2) Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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? No
If so, specify
(Signed) Harold A Graebe, M. D.
(Address) Desloge 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.