

REC'D JUN 14 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

18904

Do not use this space.

1. PLACE OF DEATH

(a) County Monterey
 (b) Township Walker
 (c) City California

Registration District No. 571
 Primary Registration District No. 4335

Registered No. 31

(d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 9-1871

7. AGE YEARS 67 MONTHS 2 DAYS 12 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 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) Monterey Co. Cal.13. NAME James Childers14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monterey Co. Cal.15. MAIDEN NAME Nancy Phipps16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Proper Co. Mo.17. INFORMANT (ADDRESS) Christina Jones18. BURIAL, CREMATION, OR REMOVAL PLACE City of Monterey DATE 5/23/3819. FUNERAL DIRECTOR (NAME) (ADDRESS) William F. Friedman California20. FILED 5-23-1938 A.R. Popejoy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-21-1938

22. I HEREBY CERTIFY, That I attended deceased from 2-26-, 1938, to 5-21-, 1938
 I last saw her alive on 5-20-, 1938 Death is said to have occurred on the date stated above, at 11 A. m.

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

Arterio sclerosis

Date of onset

Other contributory causes of importance: Chronic Heart
valvular trouble
cause unknown

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? _____ 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) A.R. Popejoy M. D.(Address) California

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

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No. 3537

P. O. Address California

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

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