

1 PLACE OF DEATH

County Genesee

Township _____

Village _____

City Flint

STATE OF MICHIGAN

Department of State—Division of Vital Statistics

895 ✓
397

CERTIFICATE OF DEATH

JUL 7 1919

Registered No. _____

(No. Hurley Hospital St. 3 Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Daniel D. Pratt

(a) Residence, No. 511 E 5th St., Ward. 6
(Usual place of abode.) (If non-resident give city or town and State.)
Length of residence in city or town where death occurred 68 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 11 yrs. 0 mos. 0 ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 Color or Race white 5 Single, Married, Widowed or Divorced (write the word.) married

5a If married, widowed, or divorced HUSBAND of Anna E. Myers
(or) WIFE of

6 DATE OF BIRTH (Month, day and year.) July 18 1848

7 AGE Years Months Days If LESS than 1 day, hrs. OR min.
73 10 18

8 OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. Retired Grocer

(b) General nature of industry, business, or establishment in which employed (or employer) Himself
(c) Name of employer

9 BIRTHPLACE (city or town) Broom Co. N.Y.
(State or country)

10 NAME OF FATHER Uri Pratt

11 BIRTHPLACE OF FATHER (city or town) New York
(State or country)

12 MAIDEN NAME OF MOTHER Mary Estes

13 BIRTHPLACE OF MOTHER (city or town) New York
(state or country)

Informant Mrs. Anna E. Pratt
(Address) Flint, Mich

Filed 6/9, 1919 W. L. Loomis
Registrar.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) June 7 1919 1919

17 I HEREBY CERTIFY, that I attended deceased from Jan 1, 1919, to June 6, 1919, that I last saw her alive on June 6, 1919, and that death occurred on the date stated above at 11 p.m.

The CAUSE OF DEATH* was as follows:
Cystitis. Duplex, 26

Prostatic enlargement
(duration) 6 yrs. 0 mos. 0 ds.

CONTRIBUTORY (Secondary) Cancer
(duration) _____ yrs. _____ mos. _____ ds.

18 Where was disease contracted if not at place of death? _____

Did an operation precede death? Yes Date of _____

Was there an autopsy? Yes

What test confirmed diagnosis?
6/9/19 W. L. Loomis M. D.
Address Flint, Mich

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for further instructions.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL Whigville Cemetery Date of Burial 6/10/1919

20 UNDERTAKER Jennings McKinney Co. Address Flint, Mich