

WRITE HERE ONLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD  
 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. See instructions on back of certificate.

1 PLACE OF DEATH

County

Montgomery

10362

STATE OF MARYLAND  
CERTIFICATE OF DEATHRegistration Dist. No. 210

Village or City

Goshen

(No. \_\_\_\_\_)

St.: \_\_\_\_\_ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME

John W Prather

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

Colored5 SINGLE,  
MARRIED,  
WIDOWED,  
OR DIVORCED  
(Write the word)Married

6 DATE OF BIRTH

Jan 5 1843  
(Month) (Day) (Year)

7 AGE

82 yrs. 8 mos. ds. or min.?  
If LESS than  
1 day..... hrs.  
1 day..... min.?

8 OCCUPATION

(a) Trade, profession or particular kind of work

None

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

9 BIRTHPLACE

(State or country)

Ind

10 NAME OF FATHER

Tobias Prather

11 BIRTHPLACE OF FATHER

(State or country)

Ind

12 MAIDEN NAME OF MOTHER

Rachin Hall

13 BIRTHPLACE OF MOTHER

(State or country)

Ind

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

John Prather Jr

(Address)

Goshen

15 Filed

Sept 9 1925

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Sept 5 1925  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

Aug 30 1925 to Sept 5 1925that I last saw him alive on Sept 3d 1925and that death occurred on the date stated above, at 1 P m.

The CAUSE OF DEATH \* was as follows:

Chronic Interstitial Nephritis(Duration) unknown yrs. mos. ds.Contributory  
Secondary

(Duration) ..... yrs. .... mos. .... ds.

(Signed) Wm H Dyer M. D.Sept 9 1925 (Address) Laytonville Ind

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of death..... yrs..... mos..... ds. In the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death?.....

Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL

Brook Grove

DATE OF BURIAL

Sept 9 1925

20 UNDERTAKER

Ray W Barber

ADDRESS

Laytonville