

STATE OF MARYLAND—CERTIFICATE OF DEATH

12775

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 218
 Village or City Gaithersburg No. Route 1 St. _____ Ward _____
 Length of residence in city or town where death occurred 78 yrs. 8 mos. 20 ds. How long in U.S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME

Moses Prather
 (a) Residence: No. Route 1 Gaithersburg Md St. _____ Ward. _____
 (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Christina Prather

6. DATE OF BIRTH (month, day, and year) March 12, 1858

7. AGE Years 78 Months 8 Days 20 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farm
 10. Date deceased last worked at this occupation (month and year) October 1931 11. Total time (years) spent in this occupation 64 yrs

12. BIRTHPLACE (city or town) Route 1 Gaithersburg
 (State or country) md.

13. NAME Tobias Prather

14. BIRTHPLACE (city or town) Unknown
 (State or country) ?

15. MAIDEN NAME Patience Hall

16. BIRTHPLACE (city or town) Unknown
 (State or country) ?

17. INFORMANT Bessie Prather (daughter)
 (Address) Route 1 Gaithersburg Md

18. BURIAL, CREMATION, OR REMOVAL
 Place Brook Farm md. Date Dec 5, 1936

19. UNDERTAKER Prof W. Parke
 (Address) Gaithersburg md

20. FILED Dec 5, 1936 V. H. Adams
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

December 2, 1936
 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from March, 1936, to December, 1936

I last saw him alive on Dec. 1, 1936, 1936; death is said to have occurred on the date stated above, at 12:25 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

myocardial degeneration
Pulmonary edema (remote dist)
 Date of onset 1931

Other Contributory Causes of importance:

arteriosclerosis
Senility

Name of operation _____ Date of _____
 What test confirmed diagnosis? Heart study Was there an autopsy? no

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) J. D. Miles M. D.
 (Address) Rockville, md

MARGIN RESERVED FOR BINDING

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.