

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

8091

PLACE OF DEATH

County Benton

Township _____
or _____

Village _____
or _____

City Warsaw (NO. _____) St. _____ Ward _____

Registration District No. 61

File No. _____

Primary Registration District No. 4036

Registered No. 16

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Lillian Pruitt

PERSONAL AND STATISTICAL PARTICULARS

3 MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE white SINGLE MARRIED child
OR WIDOWED OR DIVORCED
(Write the word)

DATE OF DEATH March 17, 1913
(Month) (Day) (Year)

DATE OF BIRTH October 28, 1905
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from March 16, 1913, to Mar 17, 1913, that I last saw her alive on Mar 17, 1913, and that death occurred, on the date stated above, at 3:15 a.m.

AGE 7 yrs. 4 mos. 17 ds. If LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:
fracture of skull with hemorrhage in brain,

OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) O-O

186A
194B (Duration) 17 yrs. 7 mos. 17 ds. 82-A

BIRTHPLACE (City or town, State or foreign country) Benton Co. Mo.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

NAME OF FATHER Everet Henry Pruitt

(Signed) J. R. Smith M. D. (Address) Warsaw, Mo.

BIRTHPLACE OF FATHER (City or town, State or foreign country) Benton Co. Mo.

MAIDEN NAME OF MOTHER Martha Elizabeth Pruitt

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

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Benton Co. Mo.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) _____ At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. M. E. Pruitt

Where was disease contracted If not at place of death? _____ Former or usual residence _____

(ADDRESS) Warsaw, Mo.

PLACE OF BURIAL OR REMOVAL Fristo Cemetery DATE OF BURIAL Mar. 18, 1913

Filed Mar 20, 1913 J. R. Smith REGISTRAR

UNDERTAKER E. M. White ADDRESS Warsaw

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.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Colton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum*, etc., *Carcinoma, Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*

Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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.

PLACE OF DEATH

County Benton

Township _____
or
Village _____
or
City Warsaw

REGISTRARS SHALL NOT RE-
CEIVE A FEE FOR CERTIFICATES
UNTIL THEY ARE COMPLETED AS
PRESCRIBED BY LAW.

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

Registration District No. 61 File No. _____
Primary Registration District No. 4036 Registered No. 16
St. _____ Ward _____

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

FULL NAME Lillian Brewitt

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>female</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>(Write the word)</u>	DATE OF DEATH <u>March 17, 1913</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Oct. 28, 1905</u> (Month) (Day) (Year)			I HEREBY CERTIFY, that I attended deceased from <u>Mar. 16, 1913</u> , to <u>Mar. 17, 1913</u> , that I last saw her alive on <u>Mar. 17, 1913</u> , and that death occurred, on the date stated above, at <u>3.15 a.m.</u>	
AGE <u>7 yrs. 4 mos. 17 ds.</u>	If LESS than 1 day, ___ hrs. or ___ mths.		The CAUSE OF DEATH* was as follows: <u>fracture of skull</u> <u>accidental falling on</u> <u>cement steps</u>	
OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____			(Duration) ___ yrs. ___ mos. ___ ds.	
BIRTHPLACE (City or town, State or foreign country) <u>Benton Co., Mo.</u>			Contributory (Duration) ___ yrs. ___ mos. ___ ds.	
PARENTS	NAME OF FATHER <u>Everet Henry Brewitt</u>		(Signed) <u>J. R. Smith</u> M. D.	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>Benton Co.</u>		Mar. 18, 1913 (Address) <u>Warsaw, Mo.</u>	
	MAIDEN NAME OF MOTHER <u>Mattha Elizabeth Lindsay</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>Benton Co.</u>		LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mrs. M. E. Brewitt</u> (ADDRESS) <u>Warsaw, Mo.</u>				
Filed <u>Mar 20 1913</u>			PLACE OF BURIAL OR REMOVAL <u>Friests Cemetery</u>	
REGISTRAR <u>J. R. Smith</u>			DATE OF BURIAL <u>Mar. 18 1913</u>	
			UNDERTAKER <u>E. M. White</u>	
			ADDRESS <u>Warsaw</u>	

Original file date March, 1913 All information called for must be written on this Supplementary Certificate.

RECEIVED
FEB 10 1954
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C.

FEB 10 1954

EXHIBIT
FEB 10 1954

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