OV 20 1928

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

Do not use this space.

32808

85

1. PLACE OF DEATH

County Buchanan — Registration District No. 1201 — File No.

Township — Primary Registration District No. — Registered No. 1203

City St. Joseph, (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME John William Pruett,

(a) Residence. No. St., Ward. Wallace, Missouri.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Divorced,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cora Pruett,

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 29, 1868

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	59	10	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work General Merchant,
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Self,

9. BIRTHPLACE (CITY OR TOWN) Circleville,
(STATE OR COUNTRY) Kansas,

PARENTS

10. NAME OF FATHER Wiley Pruett,
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown,
(STATE OR COUNTRY) Kentucky,
12. MAIDEN NAME OF MOTHER Jennie McCart,
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Gentry Co.,
(STATE OR COUNTRY) Missouri,

14. INFORMANT Rev. Wiley Pruett
(Address) DeKalb, Missouri

15. FILED OCT 22 1928 John G. Pitz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 20. 1928

17. I HEREBY CERTIFY, That I attended deceased from July 3rd, 1928, to Oct 20, 1928, that I last saw him alive on Oct 19, 1928, and that death occurred, on the date stated above, at 9:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
22A

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 31

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Buchanan Co.
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Course
(Signed) Drs Wallace By C H Wallace M. D
Oct 20, 1928 (Address) St Joseph Mo

*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.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Circleville, Kansas, Vic. ave. — DATE OF BURIAL Oct. 21, 1928

20. UNDERTAKER Heaton-BeGole & Bowman — ADDRESS 319 S. 10 St.
by J. W. Keele — Funeral Home

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.