

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

Do not use this space.

16977

WRITE PLAINLY, 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.

103
MAY 29 1929

PLACE OF DEATH
County Stoddard Registration District No. 837
Towship Castor Primary Registration District No. 6099
City..... (No.....) St..... Ward.....

File No.....
Registered No.....

2. FULL NAME James Pruitt
(a) Residence. No..... St..... Ward.....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m
4. COLOR OR RACE w
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 24, 1927
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 2 1 5

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer)..... none
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Stoddard Co. Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Ernest Pruitt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Myrtle Cole
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

14. INFORMANT Mrs Ernest Pruitt
(Address) Idalia Mo.

15. FILED Apr 29 1929 Edw. Fred [unclear] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 29 1929
17. I HEREBY CERTIFY That I attended deceased from 4-14, 1929, to 4-29, 1929 that I last saw him alive on 4-28, 1929, and that death occurred, on the date stated above, at 4:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebro-Spinal Meningitis
77K
(duration) yrs. mos. 15 da.

CONTRIBUTORY (SECONDARY) W.D.
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED home
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) Dr. W. G. [unclear], M. D.
, 19 (Address)

*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 Bluff Cem. DATE OF BURIAL 4-30 1929

20. UNDERTAKER None ADDRESS

