

Body Burned

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

Do not use this space.

21808

1. PLACE OF DEATH

County Jasper
Township East Jackson
City Leitchville (No. County Farm)

Registration District No. 408
Primary Registration District No. 5563A

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

Joshua Pruitt
(a) Residence No. St. Johns Kan. St. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 16 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 15 - 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
07 | 9 | 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer at St. Johns Kan.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Orleans
(STATE OR COUNTRY) Indiana

10. NAME OF FATHER Mr. Francis Pruitt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Orange Co.
(STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Polly Pitcher

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Orange Co.
(STATE OR COUNTRY) Indiana

14. INFORMANT Ind. Howell
(Address) Sup't County Farm

15. FILED 6/14, 1929 C. Scham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 12 - 1929

17. I HEREBY CERTIFY, That I attended deceased from May 26, 1929, to June 12, 1929, that I last saw him alive on June 25, 1929, and that death occurred, on the date stated above, at 7:25 PM.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental burn and died from acute
181 Nephritis
139 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

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

8 DID AN OPERATION PRECEDE DEATH? DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS (Signed) H. E. Baker, 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 County Farm Cemetery DATE OF BURIAL 6-13 1929

20. UNDERTAKER Ulmer - Drake ADDRESS Carthage

Every item of information supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1299

1-36-8-27

PARENTS

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Jasper Registration District No. 408 File No. _____
 Township E. Greason Primary Registration District No. 5363a Registered No. _____
 City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Joshua 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>wid</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 13-1872</u>		
7. AGE YEARS <u>56</u>	MONTHS <u>8</u>	DAYS <u>27</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 12 1929
 17. I HEREBY CERTIFY That I attended deceased from _____, 19____ to _____, 19____ that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Accidental Burns
induced from acute
Y. Pruitis
 (duration) _____ yrs. _____ mos. _____ ds.

OFFICE 704 GRANT ST. **DR. KETCHAM** BOTH PHONES 261
 CARTHAGE, MISSOURI

R For _____ No. _____

This man was a tramp and was burned while asleep by the roadside fire which he had evidently built. He seems to have been from Kansas.

C.M.F.

711
 (duration) _____ yrs. _____ mos. _____ ds.
 (duration) _____ yrs. _____ mos. _____ ds.
 NTRACTED
 EATH
 DE DEATH. DATE OF _____
 71
 DIAGNOSIS
 _____, M. D.

14. INFORMANT _____
 (Address) _____
 15. FILED 8/9 1929 Creditchand
 REGISTRAR

(1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
 _____ 19____
 20. UNDERTAKER ADDRESS

M. 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. REGISTRARS should state should state REGISTRARS UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

S-21808