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

Do not use this space.

22431

1/6

1. PLACE OF DEATH

County: Duncan — Registration District No.: 283

Township: Bryson — Primary Registration District No.: 5402

City: ..... (No. ....., ... St. ..... Ward)

File No.: .....

Registered No.: .....

2. FULL NAME: Hettie Lewis 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: F

4. COLOR OR RACE: W.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Sngl.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 18-1930

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
0	0	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): —

(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: D. W. Pruitt

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

12. MAIDEN NAME OF MOTHER: Eliza V. Neal

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ill.

14. INFORMANT: D. W. Pruitt
(Address): Bryson Mo.

15. FILED: 7-23 1930 Eclon Ark.

Registrar: Newson

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): July 22 1930

17. I HEREBY CERTIFY, That I attended deceased from: A. Brown 19..... to ....., 19..... that I last saw h. alive on: July 22, 1930 and that death occurred, on the date stated above, at: 2.30 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia

Appendicitis

2 days (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): None (duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH?: ..... DATE OF: .....

WAS THERE AN AUTOPSY?: .....

WHAT TEST CONFIRMED DIAGNOSIS?: .....

(Signed): E. Brown, M. D.

, 19 (Address): Bryson 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: Green Mo. — DATE OF BURIAL: 7-23 1930

20. UNDERTAKER: Howard & Anderson — ADDRESS: Bryson Mo.

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.