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

Do not use this space.

23870

File No. 21
Registered No. 20

1. PLACE OF DEATH
County Pike
Township Calomet
City (No. St. Ward)

Registration District No. 685
Primary Registration District No. 5909 B

2. FULL NAME Robert Chandler Prewitt

(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.

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.

AUG 26 1930

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 18-1891

7. AGE: YEARS 39 MONTHS 2 DAYS 29 If LESS than 1 day, hrs. or 10 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Former
(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) Pike Co Mo

PARENTS
10. NAME OF FATHER Wm Caswell Prewitt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Pike Co Mo
12. MAIDEN NAME OF MOTHER Mattie Flanderson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Hot Springs Ark

14. INFORMANT Mattie Prewitt
(Address) Clarksville Mo

15. FILED Aug 1930 W W Treadway REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 17 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 1930 July 17, 1930, to July 17, 1930 that I last saw him alive on July 17, 1930, and that death occurred, on the date stated above, at 10:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute heart block
43E
95A
died at once
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Rheumatic Myocarditis
(duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) E M Bartlett, M. D.
July 19, 1930 (Address) Clarksville 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: Clarksville Cem
DATE OF BURIAL: 7-20 1930

20. UNDERTAKER: L H Brown
ADDRESS: Clarksville