

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

Do not use this space.

20250
58

1. PLACE OF DEATH

County Scott Registration District No. 821
Township Leicester Primary Registration District No. 670
City Leicester (No. 210 Leitch 455-3) St. 3 Ward 3

2. FULL NAME

Mary Prunell
(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 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm H Prunell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 5 - 1872</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>2</u>
	DAYS <u>10</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>none</u>	
	10. Date deceased last worked at this occupation (month and year) <u>20</u>	
11. Total time (years) spent in this occupation.		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bonne Terre mo</u>		
FATHER	13. NAME <u>Herbert Aubuckon</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Bonne Terre mo</u>	
MOTHER	15. MAIDEN NAME <u>Anna Appleberry</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Waller Springs mo</u>	
17. INFORMANT (ADDRESS) <u>Wm H Prunell</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fredricktown</u> DATE <u>May 16 1931</u>		
19. UNDERTAKER (ADDRESS) <u>H. J. Welch, Inc. Leitch 455-3</u>		
20. FILED <u>6/10/31</u> <u>Walter Davis</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15 1931

22. I HEREBY CERTIFY, That I attended deceased from Oct 2 1929, to May 15 1931
I last saw her alive on May 15 1931, Death is said to have occurred on the date stated above, at 4:02 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
hypertension

Date of onset

Other contributory causes of importance:
hypertension

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Wm H Prunell, M. D.
(Address) Leitch 455-3

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.

JUN 28 1931

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