

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

Do not use this space.

33470

File No.
Registered No. 166
St. Ward)

1. PLACE OF DEATH

County Adair Registration District No. 4
Township Primary Registration District No. 3001
City Kirkville Mo (No. Ellis Hosp)

2. FULL NAME

(a) Residence. No. St. Ward. Novinger Mo
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED OR DIVORCED married

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-8-1931

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

17. I HEREBY CERTIFY, That I attended deceased from 9-28-1931, to 10-8-1931, 1931, that I last saw h. alive on 10-8-1931, 1931, and that death occurred, on the date stated above, at 4 PM m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 4 1875

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 56 9 4

cerebral hemorrhage

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work House wife (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer

(duration) yrs. mos. ds. instant

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

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds. no

10. NAME OF FATHER Samuel P. Pruitt

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

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

DID AN OPERATION PRECEDE DEATH? yes DATE OF 9-28-31

12. MAIDEN NAME OF MOTHER Mary Darr

WAS THERE AN AUTOPSY? no

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

WHAT TEST CONFIRMED DIAGNOSIS (Signed) R. P. Beck, M. D. (Address) Kirkville Mo

14. INFORMANT J. J. Shott (Address) Novinger 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.

15. FILED 10/15, 1931 Mrs. O. P. Becker REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Novinger Cemetery DATE OF BURIAL 10/11 1931

20. UNDERTAKER Levellyn Edon ADDRESS Novinger Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 21 1931

