

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

Do not use this space.

40203  
40113

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1. PLACE OF DEATH  
County Cochran Registration District No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. 1001  
City Worth (No. 907 Madison)

File No. \_\_\_\_\_  
Registered No. 1247  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Alice Flora Prutzell  
(a) Residence, No. 907 Madison St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 30 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>E.C. Prutzell</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 3 - 1879</u>		
7. AGE YEARS <u>57</u>	MONTHS <u>4</u>	DAYS <u>9</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>at home</u>	
	10. Date deceased last worked at this occupation (month and year) _____	
11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown, Texas</u>		
FATHER	13. NAME <u>Adam Dunlap -</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Virginia</u>	
MOTHER	15. MAIDEN NAME <u>Mary Boston</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Missouri</u>	
17. INFORMANT (ADDRESS) <u>E.C. Prutzell Worth Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Not buried</u> DATE <u>Dec 15, 1931</u>		
19. UNDERTAKER (ADDRESS) <u>William Funeral Home, Inc St. Joseph, Missouri</u>		
20. FILED <u>12-14</u> 19 <u>31</u> <u>John R. Bendish</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-12, 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-10, 1931, to 12-12, 1931  
I last saw him alive on 12-12-1931. Death is said to have occurred on the date stated above, at 5:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Hypertension & Nephritis

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) W. J. Schaefer, M. D.  
(Address) P.O. Box 100

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JAN 19 1932

