

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

Do not use this space.

36042

1. PLACE OF DEATH

County Jackson Registration District No. 400
 Township Prarie Primary Registration District No. 5553B
 City Little Bluer (No. J. C. Home) St. _____ Ward _____

File No. _____
 Registered No. 173

2. FULL NAME Anna Pruett

(a) Residence, No. Jackson County Home 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hub.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 13 - 1866

7. AGE YEARS 66 MONTHS 1 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Ill. (STATE OR COUNTRY) 2

13. NAME Jackson Henderson

14. BIRTHPLACE (CITY OR TOWN) Ill. Cook (STATE OR COUNTRY)

15. MAIDEN NAME Mary Henderson

16. BIRTHPLACE (CITY OR TOWN) Ill. Cook (STATE OR COUNTRY)

17. INFORMANT J. C. Home (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE Nov 21 - 1932

19. UNDERTAKER Walter C. ... (ADDRESS) 2657 South Ave

20. FILED 11-19-32 William J. Fields Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 17, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932, to Nov 17, 1932

I last saw h. alive on Nov 17, 1932. Death is said to have occurred on the date stated above, at 11 A. m.

The principal cause of death and related causes of importance were as follows:

mitral regurgitation Date of onset _____

92A

92A

Other contributory causes of importance: _____

Name of operation no Date of _____

What test confirmed diagnosis? Clinical 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) J. C. Home, M. D. (Address) Independence Mo

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.

