

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

Do not use this space.

8373

1. PLACE OF DEATH

92 County St. Charles Registration District No. 757 File No.
 4 Township St. Charles Primary Registration District No. 3036 Registered No. 36
 8 City St. Charles (No. 118, Houston St. 2 Ward) St. 2 Ward)

2. FULL NAME

David Washington Puckett
 (a) Residence, No. 118 Houston St., 2 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Matelda Puckett
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3, 1853
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 4 25

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. farmer.
 10. Date deceased last worked at this occupation (month and year) about 10 years ago. 11. Total time (years) spent in this occupation. 35 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee.

MOTHER FATHER
 13. NAME Louis Puckett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Nancy Pettmann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Dr. W. L. McKee
118 Houston, St. Charles, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem DATE March 2, 1933

19. UNDERTAKER (ADDRESS) Steinbrenkers
St. Charles, Mo.

20. FILED 3/2 19 33 Hy. H. Bloebaum
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 28, 1933
 22. I HEREBY CERTIFY, That I attended deceased from Feb. 1, 1933, to Feb. 28, 1933
 I last saw him alive on Feb. 25, 1933 Death is said to have occurred on the date stated above, at 11:55 A.M.
 The principal cause of death and related causes of importance were as follows:
Essential Pneumonia
107A
107W
 Other contributory causes of importance:
Senility

Name of operation Craniotomy Date of 2/27
 What test confirmed diagnosis? Was there an autopsy?
 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 See above
 (Signed) W. L. McKee M. D.
 (Address) St. Charles, 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.

