

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

Do not use this space.

27046

1. PLACE OF DEATH

66 County Miller Registration District No. 561
Township Franklin Primary Registration District No. 5756
City Near Eldon (No. _____ St. _____ Ward _____)

File No. _____
Registered No. 44

2. FULL NAME

Unnamed Infant of Henry Pruitt

(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 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) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15, 1933

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) near Eldon (STATE OR COUNTRY) mo

13. NAME Henry H Pruitt

14. BIRTHPLACE (CITY OR TOWN) Miller Co (STATE OR COUNTRY) mo

15. MAIDEN NAME Ida M Stark

16. BIRTHPLACE (CITY OR TOWN) Miller Co (STATE OR COUNTRY) mo

17. INFORMANT Henry H Pruitt (ADDRESS) Eldon mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dooley Cem. DATE 8-16, 1933

19. UNDERTAKER Buried by Relatives (ADDRESS) _____

20. FILED 8-16, 1933 Bell Hayes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1933, to Aug 16, 1933
I last saw her alive on Aug 15, 1933 Death is said to have occurred on the date stated above, at 2 A.m.

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

Debility
158 159

Date of onset 8/15/33

Other contributory causes of importance:

Premature birth

8/15/33

Name of operation _____ Date of _____

What test confirmed diagnosis? Ch. cis. 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? _____

If so, specify _____ (Signed) G. D. Walker, M. D.

(Address) Eldon Mo.

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

SEP 26 1933

