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.

SEP 26 1933

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

Do not use this space. 28555

1. PLACE OF DEATH
103 County Stoddard — Registration District No. 836 — File No. 42
Township Elk — Primary Registration District No. 6100 — Registered No. 42
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Betty Ruth Pruitt

(a) Residence, No. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
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 F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) B

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 1933

7. AGE — YEARS — MONTHS 2 — DAYS 15 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) (STATE OR COUNTRY) Stoddard Co. Mo

FATHER
13. NAME Jim Pruitt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co

MOTHER
15. MAIDEN NAME Bertha Tettleton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co

17. INFORMANT (ADDRESS) Jim Pruitt

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hagy DATE Aug 26 1933

19. UNDERTAKER (ADDRESS) H M Hopkins Bernie Mo

20. FILED Aug 26, 1933 J. P. Brandon Registrar.
Mildred Allen

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1933, to Aug 25, 1933.
I last saw her alive on 9 am Aug 25, 19..... Death is said to have occurred on the date stated above, at 9 P m.
The principal cause of death and related causes of importance were as follows:

Ileo Colitis — Date of onset
119B 119B
151B

Other contributory causes of importance:
Tuberculosis

Name of operation ..... Date of .....
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? .....
If so, specify .....
(Signed) Dr H J Hux, M. D.
(Address) Essex Mo.