

NOV 20 1934

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

Do not use this space.

36835

1. PLACE OF DEATH

74 County Nodaway Registration District No. 623
Township _____ Primary Registration District No. 3031
9 City Maryville (No. St. Francis Hospital) St. _____ Ward _____
Registered No. 113

2. FULL NAME Elisha Charles Puett

(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 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 Mary Elizabeth Puett
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20, 1865
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 0 1

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Princeton
(STATE OR COUNTRY) Missouri

FATHER
13. NAME Joseph E Puett

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

MOTHER
15. MAIDEN NAME Mary Ann McAtee

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

17. INFORMANT Charles Puett
(ADDRESS) Burlington Junction, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dawson, Mo DATE Oct 22/34

19. UNDERTAKER J. R. Hann
(ADDRESS) Burlington Jct. Mo

20. FILED Oct 22, 1934 Mamie E. Cleary
Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 21, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct. 9, 1934, to Oct. 21, 1934

I last saw him alive on Oct. 21, 1934 Death is said to have occurred on the date stated above, at 11.0 a.m.

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

Cystitis with large Prostate gland. Possibly malignant.
197

Other contributory causes of importance: 51

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) Arthur Day, M. D.

(Address) Maryville

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.

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

