

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

Do not use this space.

JAN 8 1935

**1. PLACE OF DEATH**

County Miller  
Township Frankline  
City Fear-Eldon (No. \_\_\_\_\_)

Registration District No. 5-61  
Primary Registration District No. 5-756

File No. 40067  
Registered No. 77  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 28, 1934

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
			<u>10</u>	

<b>OCCUPATION</b>	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) Eldon, Mo

13. NAME Henry H Pruitt

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

15. MAIDEN NAME Ida M Stark

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

17. INFORMANT Henry H Pruitt (ADDRESS) Eldon Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dooley Cem DATE Nov 8, 1934

19. UNDERTAKER Buried by neighbors (ADDRESS) \_\_\_\_\_

20. FILED 11-7, 1934 Belle Haynes Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1934, to Nov 7, 1934

I last saw him alive on Oct 28, 1934. Death is said to have occurred on the date stated above, at 6 A. m.

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

Premature birth Date of onset 10/28/34

Other contributory causes of importance: 15

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) A. D. Walker, M. D.

(Address) Eldon Mo

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.

