

DEC 20 1934

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

Do not use this space.

41606

1. PLACE OF DEATH

County Scotland
Township Sandhill
City Rutledge Mo (No.)

Registration District No. 811
Primary Registration District No. 605-9

File No.
Registered No. 15
St. 1st (Ward)

2. FULL NAME

Months Pruett

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>W. M. Pruett</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 28 / 1845</u>		
7. AGE	YEARS <u>89</u>	MONTHS <u>4</u>
	DAYS <u>15</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	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

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland, Co.</u>
	13. NAME <u>James Breckenridge</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	15. MAIDEN NAME <u>Cham bus</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT (ADDRESS) <u>Months Pruett, Rutledge Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Rutledge Mo</u> DATE <u>11/23</u> 19 <u>34</u>	
19. UNDERTAKER (ADDRESS) <u>Kenney & Bailey, Rutledge Mo</u>	
20. FILED <u>12-5</u> 19 <u>34</u> <u>Inbs W B Moore</u> Registrar.	

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/23 1934

22. I HEREBY CERTIFY, That I attended deceased from not present at time of 19... to ... 19...
I last saw live on 19... Death is said

to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

Cancer of Uterus
Metastasis to lungs & glands of neck
Date of onset

Other contributory causes of importance:
Metastasis to lungs & glands of neck

Name of operation ... Date of ...
What test confirmed diagnosis Ob. Syn. 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 ...
(Signed) Dr. E. J. Dennis M. D.
(Address) Rutledge 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.

