FEB 18 1937

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

Do not use this space.

1. PLACE OF DEATH

72 County New Madrid — Registration District No. 604 — File No. 2362

Township [illegible] — Primary Registration District No. 5802 — Registered No.

City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Don Eli Pruett

(a) Residence, No. ..... St., ... Ward. Bloomfield, Mo.
(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) November 26 1917

7. AGE — YEARS: 19 — MONTHS: 2 — DAYS: 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

FATHER

13. NAME Columbus Eli Pruett
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomfield Mo.

MOTHER

15. MAIDEN NAME Mae Hester
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bloomfield Mo.

17. INFORMANT (ADDRESS) Columbus Eli Pruett Bloomfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bloomfield DATE Feb 5 1937

19. UNDERTAKER (ADDRESS) J. A. Childs Bloomfield, Mo.

20. FILED 2/11 1937 Wm O'Bannon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 8:30P.m.

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

	Date of onset
Drowned	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Jan 30, 1937

Where did injury occur? New Madrid County (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Barge sank with men

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) S. A. Richards J. Coroner M.D.

(Address) New Madrid 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.