

APR 20 1937

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

Do not use this space.

12309

1. PLACE OF DEATH

County Jefferson⁵⁶
Township Crystal City No. 4
City Crystal City No. 4 (No. 4)

Registration District No. 421
Primary Registration District No. 5575A

File No. 12309
Registered No. 26
St. _____ Ward _____

2. FULL NAME

Edmond Pruman

(a) Residence, No. Crystal City No. 4 Ward _____
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 23-1878</u>		
7. AGE <u>58</u>	YEARS <u>2</u>	MONTHS <u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>
10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____

OCCUPATION

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>
13. NAME <u>Francis Pruman</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>
15. MAIDEN NAME <u>Le Vidat</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u>
17. INFORMANT (ADDRESS) <u>Mr E Pruman Crystal City Mo</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Forest No. 4</u> DATE <u>Mar 23 1937</u>
19. UNDERTAKER (ADDRESS) <u>Creston & Vinyard Leptanville of</u>
20. FILED <u>3/24 1937</u> <u>J. E. Rutledge</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>March 20 1937</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>Feb 15</u> 19 <u>37</u> to <u>March 20</u> 19 <u>37</u> I last saw him alive on <u>March 20</u> 19 <u>37</u> 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: <u>Hypertensive Heart Disease</u> Date of onset <u>unknown</u>
Other contributory causes of importance: <u>Hypertension - Adipose tissue</u> <u>unknown</u>
Name of operation _____ Date of _____
What test confirmed diagnosis? <u>Clinical</u> Was there an autopsy? <u>No</u>
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? <u>No</u> If so, specify _____ (Signed) <u>Raymond</u> M. D. (Address) <u>Crystal City Mo</u>

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.

THIS IS A PERMANENT RECORD

