

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.

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

Do not use this space.

JUN 2 1 1937

20013

1. PLACE OF DEATH

County St. Louis Registration District No. 318  
Township Springfield Mo. Primary Registration District No. 2001  
City Springfield Mo. No. 747 St. Louis St 2

File No. ....  
Registered No. 0386  
St. .... (Ward)

2. FULL NAME Carson Z. Pruitt

(a) Residence, No. .... St. .... Ward. Yellville Ark  
(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Jane Woods Pruitt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29, 1866

7. AGE YEARS 71 MONTHS 1 DAYS 6 If LESS than 1 day, .... hrs. or .... min.

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

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) Ashland (STATE OR COUNTRY) Alabama

13. NAME Carson Pruitt

14. BIRTHPLACE (CITY OR TOWN) Ashland (STATE OR COUNTRY) Alabama

15. MAIDEN NAME Susan Banner

16. BIRTHPLACE (CITY OR TOWN) Ashland (STATE OR COUNTRY) Alabama

17. INFORMANT (ADDRESS) Ovis frame 423 Newwoodfield, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Yellville Ark DATE May 7, 1937

19. UNDERTAKER (ADDRESS) Anna H. Turner 211 Yellville, Arkansas

20. FILED May 7, 1937 Chas. A. George M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 25, 1937, to May 5, 1937. (That saw him alive on May 8, 1937 Death is said to have occurred on the date stated above, at 9:30 pm.)

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

Coronary Arteriosclerosis

Other contributory causes of importance:

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? no  
If so, specify .....

(Signed) R. H. Cox M. D.  
(Address) 227 1/2 South St.

1937

1866

1937

1937 - 3  
1866 - 1  
71 - 1  
7