

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

Do not use this space.

JUL 31 1937

1. PLACE OF DEATH

County Putnam
Township Butler
City Portagville (No. 2)

Registration District No. 1114
Primary Registration District No. 5867

File No. 24481
Registered No. 7
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ 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>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-27-1937</u>		
7. AGE	YEARS	MONTHS
		<u>1</u>
		DAYS
		<u>22</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation.
	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)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portagville, Mo.13. NAME Foster M. Pratt14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksville, Ark.15. MAIDEN NAME Hazzell Ross16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Portagville, Ark.17. INFORMANT (ADDRESS) Foster M. Pratt18. BURIAL, CREMATION, OR REMOVAL PLACE Portagville, Mo. DATE 5-6-3719. UNDERTAKER (ADDRESS) Portagville, Mo.20. FILED 6-15-37 Mary W. Cook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 23, 193722. I HEREBY CERTIFY That I attended deceased from May 23, 1937 to May 23, 1937I last saw him alive on May 23, 1937 Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Purpura Hemorrhagica 5-18-37

Other contributory causes of importance:

Dysentery 5-20-37

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? Yes
If so, specify _____(Signed) John J. Killian M. D.
(Address) Portagville, 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.

