

DES AUG 9 1938

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

26666
Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard Registration District No. 834
(b) Township Clark Primary Registration District No. 6100 Registered No. 42
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Willie Pruitt 630

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Blk. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lela Pruitt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-22-85
7. AGE YEARS 51 MONTHS 9 DAYS 24 If LESS than 1 day, hrs. or min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Day work
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1938
22. I HEREBY CERTIFY That I attended deceased from: 5/11, 1938 to 6/14, 1938
I last saw him alive on 6/14, 1938 Death is said to have occurred on the date stated above, at a.m.
The principal cause of death and related causes of importance were as follows:

(1) Peritonitis, acute, generalized
secondary to
.....
Other contributory causes of importance: 75

Date of onset 5/11

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 0

FATHER 13. NAME Bill Pruitt 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark 1

MOTHER 15. MAIDEN NAME Ellen Jones 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark 1

17. INFORMANT (ADDRESS) Ben Brenner
Carroll Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Carroll DATE June 17, 1938

19. FUNERAL DIRECTOR (ADDRESS) Agg. Brown
Delbarron Mo

20. FILED Aug 3, 1938 I. L. Allen
Local Registrar

Name of operation Date of 7/1/38
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?
If so, specify
(Signed) M. D.
(Address)

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.

112

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

266696
Do not use this space.

1. PLACE OF DEATH

(a) County Stoddard Registration District No. 836
(b) Township Primary Registration District No. 6100 Registered No. 42
(c) City Elm (d) Street No.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Willie Pruitt

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE Blk. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16, 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, that I attended deceased from 19... to 19... Death is said to have occurred on the date stated above, at... m.

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

The principal cause of death and related causes of importance were as follows:
I last saw h... alive on... 19... Death is said to have occurred on the date stated above, at... m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
31 9 24

Peritonitis, acute generalized due to ruptured bladder
Myocarditis - chronic
Other contributory causes of importance:
1) Sonorous Stricture of urethra resulting in ac. urinary retention and overdistended bladder with rupture

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER 13. NAME

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

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? If so, specify

(Signed) Wm. M. Jackson, M. D.
(Address) New Madrid mo

Local Registrar.

SUPPLEMENT

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

