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

REC'D SEP 26 1938

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

29823
Do not use this space.

1. PLACE OF DEATH
(a) County Randolph
(b) Township
(c) City Moberly Mo
(d) Street No. McCormick Hospital 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.

Registration District No. 735
Primary Registration District No. 3034 Registered No. 154

2. PRINT FULL NAME Alline Gravitt Prewitt G.3D
(a) Residence, No. 436 E. Rollins St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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 James Prewitt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-26-1916
7. AGE YEARS 21 MONTHS 10 DAYS 12 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Randolph Co. O

FATHER
13. NAME Orb Gravitt O
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mexico Mo. O

MOTHER
15. MAIDEN NAME Mary Summers
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Randolph Co.

17. INFORMANT (ADDRESS) James Prewitt 436 E Rollins Moberly Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE Antioch Cemetery DATE Aug-9-1938
19. FUNERAL DIRECTOR (ADDRESS) Snow Funeral Home Moberly Mo.
20. FILED Aug 9 1938 Ethel Clark Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-7-1938
22. I HEREBY CERTIFY, That I attended deceased from July 26, 1938, to August 7, 1938
I last saw her alive on August 7, 1938. Death is said to have occurred on the date stated above, at 1250 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	7/26/38
121	

Other contributory causes of importance:

Chronic Salpingitis	1937
Acute appendicitis	7/23/38

Name of operation appendectomy Dr. Salpingectomy Date of July 26-38
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? 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) T. L. McCormick, M. D.
(Address) Moberly, Mo.

(Licensed Embalmer's Statement on Reverse Side)

121

RECEIVED
District Health Officer No. 10
District File Number 10-38-186
Date Filed 9-19-38

STATEMENT BY LICENSED EMBALMER

I, Thomas E. Barnes, Licensed Embalmer No. 2414

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

L. E.

No. or by R. M. Cator, Registered Apprentice No. 137

working under my personal supervision.

Signed Thomas E. Barnes

Licensed Embalmer No. 2414

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply 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

29823
Do not use this space.

1. PLACE OF DEATH
(a) County Randolph — Registration District No. 735
(b) Township — Primary Registration District No. 3034 — Registered No. 154
(c) City Moberly — (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 Alline Gravitt Prewitt
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
7. AGE: YEARS 21 — MONTHS 10 — DAYS 12 — If LESS than 1 day, ... hrs. or ..... min.

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

MOTHER
15. MAIDEN NAME
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
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 7 1938
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 ..... m.
The principal cause of death and related causes of importance were as follows:
Peritonitis 121.
Non Puerperal or Non Gonorrhoeal
Other contributory causes of importance:
Chronic Salpingitis
acute appendicitis
Date of onset
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) T. L. McCormick, M. D.
(Address) Moberly Mo

SUPPLEMENTARY

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

S-29823