

1939 MAR 9

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

Do not use this space.

1. PLACE OF DEATH
 County Jasper Registration District No. 413 File No. 6896
 Township Meramec Primary Registration District No. 5559.C. Registered No. 12
 City Webb (No. WEBB CITY.) St. Newton Ward 6

2. FULL NAME Robert Earl Pruitt
 (a) Residence, No. _____ St. _____ Ward. Newton
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 7 mos. 3 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 Agnes Pruitt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30 - 1891

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
47 7 18

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

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) (STATE OR COUNTRY) Lawrence Co. Mo

FATHER
 13. NAME Lyman J. Pruitt
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
 15. MAIDEN NAME Lella Haley
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Records

18. BURIAL, CREMATION, OR REMOVAL PLACE Gibson Cem. Neosho DATE 2-19-39

19. UNDERTAKER (ADDRESS) Wally Thompson Neosho, Mo

20. FILED FEB. 18. 39. 19. R. Ditchett M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 14, 1938, to Feb 17, 1939.
 I last saw him alive on Feb 17, 1939. Death is said to have occurred on the date stated above, at 10 7 a.m.
 The principal cause of death and related causes of importance were as follows:

Principal cause of death and related causes of importance:
Pulmonary Tuberculosis

Other contributory causes of importance: 27

Name of operation None Date of _____
 What test confirmed diagnosis? Roentgen 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) John E. Douglas M. D.
 (Address) Webb City

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.

RECEIVED

District Health Officer No. 6,

District File Number 6-39-474

Date Filed MAR 4 1939