

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

23521
Do not use this space.

1. PLACE OF DEATH 2

(a) County Washington 1 Registration District No. 887

(b) Township Union Primary Registration District No. 6182

(c) City _____ (d) Street No. _____ Registered No. _____ St.

(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.

(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Anthony 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				
3. SEX <u>M.</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-23-1939</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, <u>14</u> hrs. or <u>2</u> min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>none</u>			
	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 _____	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>This Co Mo.</u>			
	13. NAME <u>Henry Pruitt</u>			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>This Co Mo.</u>			
	15. MAIDEN NAME <u>Margaret Thebeau</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>This Co Mo.</u>				
17. INFORMANT (ADDRESS) <u>Henry Pruitt Cadet Mo. R.I.</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Old Miss, Mo.</u> DATE <u>4-24 1939</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>none</u>				
20. FILED <u>May 15 1939</u> <u>G.F. Creswell</u> Local Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>4-24 1939</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>4-23 1939</u> , to <u>4-24 1939</u>	
I last saw him alive on <u>4-23 1939</u> Death is said to have occurred on the date stated above, at <u>6:30 a.m.</u>	
The principal cause of death and related causes of importance were as follows:	
<u>premature</u>	Date of onset
<u>atalectasis</u>	
Other contributory causes of importance: <u>154</u>	
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) <u>Joseph L. Thurman</u> , M. D.	
(Address) <u>Patton, Mo.</u>	

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1939 JUL 13 1939

110

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.