

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

Do not use this space.

5881

*Prutt
3741 Euclid*

1. PLACE OF DEATH
 County Jackson Registration District No. 089
 Township Law Primary Registration District No. 1003
 City N.E. Mo. (No. 3741, Euclid)
 File No. _____ Registered No. 834
 St. _____ Ward _____

2. FULL NAME Clara Loretta Prutt
 (a) Residence, No. 3741 Euclid St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 7 1933

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, <u>13</u> hrs. or _____ min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child

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) Kansas City Mo

MOTHER / FATHER

13. NAME Charles L. Prutt

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yates Center Kans.

15. MAIDEN NAME Dora M. Alflen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kickapoo Kans.

17. INFORMANT (ADDRESS) Charles L. Prutt 3741 Euclid

18. BURIAL, CREMATION, OR REMOVAL PLACE Crematory DATE 2/20 19 _____

19. UNDERTAKER (ADDRESS) Daniel F. Fehd 20 W. Lincoln

20. FILED 7 20 1933 M. M. Leavenworth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 7 1933 to Feb 8 1933
 I last saw him alive on Feb 7 1933. Death is said to have occurred on the date stated above, at 8:30 P. M.
 The principal cause of death and related causes of importance were as follows:
Under Venereal
159 159
134
 Other contributory causes of importance:
Premature Birth

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) W. E. S. J. J. J. M. D.
 (Address) 4595 Washington
Wash 2118

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.

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Worm