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

Do not use this space.

File No. 18762

Registered No.

1. PLACE OF DEATH
County: Wright
Township: Montgomery
City: (No. ..... St. ..... Ward)
Registration District No. 911
Primary Registration District No. 6227

2. FULL NAME: Louisa Pruitt
(a) Residence, No. ..... 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Elijah S. Pruitt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): — — 1847

7. AGE: Years 86 | Months — | Days — | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House wife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Own home
10. Date deceased last worked at this occupation (month and year): 1923
11. Total time (years) spent in this occupation: 58

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nashville, Tenn.

FATHER
13. NAME: Aaron Phillips
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

MOTHER
15. MAIDEN NAME: Lewallen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

17. INFORMANT (ADDRESS): Riley Pruitt, Manes, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Green Mtn. DATE: May 26, 1933

19. UNDERTAKER (ADDRESS): Elbert Cline, Manes, Mo.

20. FILED: May 27, 1933 Agnes Evans, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 25, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 7, 1933, to May 25, 1933
I last saw her alive on April 12, 1933. Death is said to have occurred on the date stated above, at 1:30 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	1927
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Other contributory causes of importance:

8

Name of operation ..... Date of .....
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) J. T. Bridges, M. D.
(Address) Manes, Mo.

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

MARGIN RESERVED FOR BINDING

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.

JUN 24 1933