FEB 27 1934

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

Do not use this space.
3359

1. PLACE OF DEATH

County..... Registration District No. 7911 File No. 1040

Township..... Primary Registration District No. 1903 Registered No. 53

City St Louis (No. 600 S. Kingshighway Barnes Hosp. St. ..... Ward)

2. FULL NAME Graham Pruitt

(a) Residence, No. 25 Euclid ave St., 1st Ward. V
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 1 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(or) WIFE OF~~ Bessie Pruitt

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/16/1895

7. AGE: Years 38 | Months 10 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Letter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Carrier
10. Date deceased last worked at this occupation (month and year) 1-24-26
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Southland, Ark.

FATHER
13. NAME James Pruitt
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER
15. MAIDEN NAME Millie Pruitt
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Thilliam Taylor
(ADDRESS) 25 Euclid Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Helena Ark DATE 1-30- 1934

19. UNDERTAKER J C Lewis
(ADDRESS) 1030 Gr Grand

20. FILED JAN 29 1934 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-26-34 19

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 10:40 A. M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Dislocation of Vertebra - crushed & Lacerated spinal cord, received when Ford Coach in which he was a passenger & driven by Wm. Taylor, (Col). skidded & overturned on Highway No. 61 at Sikeston, Mo., 10 A. M., 1/25/34.

Other contributory causes of importance.

210 E ACCIDENT 210

210 M

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

23. If death was due to external causes (violence), fill in also the following:

Accident, ~~suicide or homicide~~? ACCIDENT Date of injury 1/25/34

Where did injury occur? Sikeston Mo (Specify city or town, county, and State)

Specify whether injury occurred in home or farm or in public place. Public Place

Manner of injury Auto accident

Nature of injury Dislocation of Vertebra

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [illegible] M.D.

(Address) Sikeston Mo

1/29/34

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.