

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.

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

Do not use this space.

26540

USE AUG 14 1933

1. PLACE OF DEATH
 County Calaveras Registration District No. 685
 Township Clarksville Primary Registration District No. 4409
 City Clarksville (No.) St. Ward)
 2. FULL NAME Moss Prewitt Jr
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1 - 1912
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 5 12
 OCCUPATION
 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) Clarksville Mo
 FATHER
 13. NAME Moss Prewitt Sr
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksville Mo
 MOTHER
 15. MAIDEN NAME Hazel McDonald
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarksville Mo
 17. INFORMANT Moss Prewitt
 (ADDRESS) Clarksville Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Brimwood July 14 1933
 19. UNDERTAKER Harry B. Brownell
 (ADDRESS) Clarksville Mo
 20. FILED Aug 1933 H. H. Broadway Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13 1933
 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 m.
 The principal cause of death and related causes of importance were as follows:
Epileptic fits
 Date of onset
 Other contributory causes of importance: GS
 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? Y
 If so, specify
 (Signed) Porter Rudin Colonel M. D.
 (Address) Boulton Green Mo.

