

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

28187
 Do not use this space.

SEP 6 1939

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 3189
 (c) City K.C. Mo. (d) Street No. General Hospital St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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.

2. PRINT FULL NAME

(a) Residence, No. 630 Mayola Pruitt St. (If nonresident, give city or town and State)
330 Woodland (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Wesley Pruitt
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-28-1905
 7. AGE YEARS 26 MONTHS 0 DAY 7 if LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas
 FATHER 13. NAME Stevens Vaughn
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas
 MOTHER 15. MAIDEN NAME Addie Sirtler
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT Record Clerk
 (ADDRESS) Gen'l Hosp # 2
 18. BURIAL, CREMATION, OR REMOVAL St. Moritz Park Ave. 8-12-39
 19. FUNERAL DIRECTOR Wright & Greenstreet
 (ADDRESS) Kennett
 20. FILED 9/11 1939 M. M. Browe
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-5 1939
 22. I HEREBY CERTIFY, That I attended deceased from 6-3 1939, to 8-5 1939
 I last saw her alive on 8-5 1939. Death is said to have occurred on the date stated above, at 7:30 p. m.
 The principal cause of death and related causes of importance were as follows:
Uterine Fibroid Date of onset _____
P. O. Non-malignant
543
 Other contributory causes of importance:
Post Operative Sepsis
Post Operative Hemorrhage
 Name of operation Laboratory 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? _____ 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) J. A. Brown M. D.
 (Address) General Hospital # 2

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.

Donald H. Fitch
7/11/60

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed *Edw. J. Evans*

Licensed Embalmer No. *3836*

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.)