

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Cooper  
Township Lamine  
or  
Village  
or  
City

Registration District No. 217 File No. 21675<sup>a</sup>  
Primary Registration District No. 5308 Registered No.  
St.: Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Mrs. Ina Scuitte

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE MARRIED WIDOWED OR DIVORCED Married  
(Write the word)

6 DATE OF BIRTH Sept 30 1871  
(Month) (Day) (Year)

7 AGE 48 yrs 5 mos 17 ds. If LESS than 1 day, hrs. or min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry business, or establishment in which employed (or employer)

9 BIRTHPLACE (City or town, State or foreign country) Saline Co. Mo.

PARENTS  
10 NAME OF FATHER John Scuitte  
11 BIRTHPLACE OF FATHER (City or town, State or foreign country) Do not know  
12 MAIDEN NAME OF MOTHER Do not know  
13 BIRTHPLACE OF MOTHER (City or town, State or foreign country) Do not know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) John Scuitte  
(Address) Blackwater Mo

15 Filed 6/17/1920 Registrar Sub M. J. [unclear]

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 17 1920  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from April 10 1920 to 6/17/1920, that I last saw her alive on 6/16/1920, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH\* was as follows:  
1 Typhoid  
(Duration) 01 yrs. 2 mos. - ds.

CONTRIBUTORY (Secondary) 8 (Duration) yrs. mos. ds.  
(Signed) M. S. McGinnis M. D.  
6/17/1920 (Address) Arrow Rock Mo

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)  
At place of death yrs. mos. ds. In the State yrs. mos. ds.  
Where was disease contracted if not at place of death?  
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Arrow Rock Mo DATE OF BURIAL 6/19 1920

20 UNDERTAKER P. M. Draltes ADDRESS Marshall Mo.

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.

