MAY 25 1927

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

Do not use this space.

11025

1. PLACE OF DEATH

County Buchanan — Registration District No. 85 1001 — File No.

Township — Primary Registration District No. — Registered No. 409

City St. Joseph. (No. Missouri Methodist Hospital St. Ward)

2. FULL NAME Bettie Perry Scott

(a) Residence. No. St., Ward. Wallace, MO.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 0 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):

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Henry Scott

6. DATE OF BIRTH (MONTH, DAY AND YEAR): March. 11. 1845.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
82	1	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Household
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN): St. Louis.
(STATE OR COUNTRY): Missouri.

PARENTS

10. NAME OF FATHER: Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs. Thomas Roberts
(Address): Wallace, MO.

15. FILED APR 16 1927 19 John G. Utz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): April. 18. 1927

17. I HEREBY CERTIFY, That I attended deceased from March 15, 1927, to April 18, 1927 that I last saw her alive on April 18, 1927, and that death occurred, on the date stated above, at 12/30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Carcinomatosis
(duration) yrs. 6 mos. ds.

CONTRIBUTORY (SECONDARY): Carcinoma of Uterus
(duration) 2 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? —

O DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings

(Signed) H K Wallace, M.D.

Apr. 18 1927. (Address) 301 N 8 St Joseph Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Wallace, Missouri.
DATE OF BURIAL: April. 19 1927

20. UNDERTAKER: H. O. Sidenfaden
ADDRESS: 1802 Union Str

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD