JAN 24 1928

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

Do not use this space.

33347

1. PLACE OF DEATH

County Howell — Registration District No. 384 — File No. 109

Township — Primary Registration District No. 4227 — Registered No.

City West Plains Mo (No. ..... St. ..... Ward)

2. FULL NAME Nancy C. Scott

(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5th 1849

7. AGE: Years 78 — Months 6 — Days 5 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Johnson Co
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Richard Day
11. BIRTHPLACE OF FATHER (CITY OR TOWN) N. C.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Sarah Stone
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) N. C.
(STATE OR COUNTRY)

14. INFORMANT Miss Florence C Scott
(Address) West Plains Mo

15. FILED 11-22-1927 O. P. A. Heinrich
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11-10 1927

17. I HEREBY CERTIFY, That I attended deceased from October 8th, 1927, to November 11, 1927 that I last saw her alive on November 11, 1927, and that death occurred, on the date stated above, at 9:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Erysipelas
(Began in mucous linings - Eur.
15C (duration) ..... yrs. ..... mos. 6 ds.
15B
CONTRIBUTORY (SECONDARY) Dysentery
..... (duration) ..... yrs. 1 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 160

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Symptoms

(Signed) P. A. Sparks M. D

11-21-, 1927 (Address) West Plains 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: Oak Lawn — DATE OF BURIAL: 11-12 1927

20. UNDERTAKER: McFarland Und. Co. — ADDRESS: West Plains 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.

PERMANENT RECORD