

MAY 31 1928

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

Do not use this space.

12739

1. PLACE OF DEATH

County Dade Registration District No. 237  
Township Cowley Primary Registration District No. 4144  
City Greenfield, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward) \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 17

2. FULL NAME

Susan Alice 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May, 24, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min.  
69 10 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House wife  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Dade Co. Mo.

10. NAME OF FATHER

Theodore M. Connel

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER

Margaret Wasson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Scotland

14.

INFORMANT W. E. Scott  
(Address) Greenfield, Mo.

15.

FILED 4-12, 1928 E. J. Ball  
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3 1928

17. I HEREBY CERTIFY, That I attended deceased from May 27, 1927, to April 10, 1928, that I last saw her alive on April 9, 1928, and that death occurred, on the date stated above, at 11:40 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Angina Pectoris with acute Dilatation of heart

59 14 25  
18. WHERE WAS DISEASE CONTRACTED (duration) a few months yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Diabetes Mellitus (duration) 1 or more yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (duration) a few months yrs. mos. ds.

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A. E.—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.

... should be carefully studied. It should be EXACTLY. PARAGRAPHS should  
be that it may be properly stated. A statement of OCCUPANTS



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