

UL 89 4 120

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

Do not use this space.

20052

1. PLACE OF DEATH

County Callaway
Township Fulton
City Fulton (No.)

Registration District No. 104
Primary Registration District No. 3008

File No.
Registered No. 130
St. Ward

2. FULL NAME

Mrs. Mary E. Scott
(a) Residence. No. St. Ward
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) — — 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 48 — —

8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work House Work (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) Missouri

10. NAME OF FATHER Peter King

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER DK

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) DK

14. INFORMANT Johnnie Scott (Address) Fulton Mo

15. FILED July 2, 19 28 R. N. Crews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 30 19 28

17. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19 , that I last saw h. alive on , 19 , and that death occurred, on the date stated above, at 3:10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Apoplexy
Paralysis

CONTRIBUTORY (SECONDARY) Paralysis (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) H. A. Richardson, M. D. (Address) Fulton 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 South Side Cemetery DATE OF BURIAL July 19 28

20. URBERTAKER Ch. Bell ADDRESS Fulton 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.

