JUL 25 1926

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

Do not use this space.

20395

1. PLACE OF DEATH
County Greene — Registration District No. 318
Township — Primary Registration District No. 20.01
City Springfield (No. Burge Hospital St. Ward)
File No.
Registered No. 445

2. FULL NAME Dona Beulah Scott
(a) Residence. No. Fair Grove Mo. R. Ward #3
(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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 26-191

7. AGE: Years 16 | Months 1 | Days 17 | If LESS than 1 day, ___ hrs. or ___ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home
(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) Okla

PARENTS
10. NAME OF FATHER B. F. Scott
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Della L. Breshears
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT B. F. Scott
(Address) Fair Grove, Mo.

15. FILED 6-15-28, 1928 O C Horst Mo. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13 1928

17. I HEREBY CERTIFY, That I attended deceased from June 11, 1928, to June 13, 1928 that I last saw her alive on June 13, 1928, and that death occurred, on the date stated above, at ___ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

89A Cerebral abscess
78A
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Otitis media
(duration) yrs. 2 mos. ds.

86a

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? yes DATE OF 6-13-28
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

6-15 (Signed) Arthur D Knapp, M. D
1928 (Address) 45½ E. Coml

*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: Bellview Cemetery — DATE OF BURIAL: June 5 1928

20. UNDERTAKER: J. W. Klingner — ADDRESS: Co. 424 E. Coml Springfield, 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