

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

H. 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.

NOV 28 1928

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

Do not use this space.

42109

1. PLACE OF DEATH

County Putnam  
Township Wilson  
City                      (No.                     ) St.                      Ward                     

Registration District No. 718  
Primary Registration District No. 5745

File No.                       
Registered No. 52

2. FULL NAME

Elizabeth Heland 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

2. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

John Scott

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

NOV 26-1849

7. AGE

YEARS MONTHS DAYS  
79 | 1 | 1 | If LESS than 1 day,                      hrs. or                      min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Trustee of County Infirmary  
(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)

Putnam Co Ind.

10. NAME OF FATHER

Don't know

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

Don't know

12. MAIDEN NAME OF MOTHER

Don't know

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

Don't know

14.

INFORMANT F. A. Todd Supt Infirmary  
(Address) Lemons Mo

15.

FILED 12-27-28 J. H. Mahan  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 27 1928

17. I HEREBY CERTIFY That I attended deceased from Dec 26, 1928, to Dec 27, 1928 that I last saw her alive on Dec 26, 1928, and that death occurred, on the date stated above, at 9 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Bronch pneumonia

10 yrs (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH Putnam Co Mo

DID AN OPERATION PRECEDE DEATH? no DATE OF                     

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) E. J. Montgomery, M. D.  
12-27, 1928 (Address) Union Field

\*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 Lemons Mo DATE OF BURIAL 12-27 1928

20. UNDERTAKER Omstock Nees & Unsworth ADDRESS

