

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

Do not use this space.

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**1. PLACE OF DEATH**

County Butter  
Township Poplar Bluff  
City Poplar Bluff (No. \_\_\_\_\_)

Registration District No. 89  
Primary Registration District No. 3007

File No. \_\_\_\_\_  
Registered No. 22  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 926 Chase St., 7 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 m- 4. COLOR OR RACE col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 16, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
70 4 9

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

9. BIRTHPLACE (CITY OR TOWN) Scott County  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Austin Scott

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) not known

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) not known

14. INFORMANT Eliz. Scott  
(Address) Poplar Bluff

15. FILED 1/30, 1930 Dr B J Elmer REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-25 1930

17. I HEREBY CERTIFY, That I attended deceased from 1-20, 1930, to 1-25, 1930 that I last saw him alive on 1-24, 1930, and that death occurred, on the date stated above, at 9:30 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Bronchial Pneumonia  
1077 (duration) ..... yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) none  
(duration) ..... yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Mo

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? chest test  
(Signed) A. J. Clay, M. D.

1-29, 1930 (Address) Poplar Bluff 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 DATE OF BURIAL

city 1-30 1930

20. UNDERTAKER ADDRESS

Frank M. Co Poplar Bluff

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.

FEB 1 1930

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