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

Do not use this space.

3840

1. PLACE OF DEATH
County Vernon — Registration District No. 875 — File No.
Township — Primary Registration District No. 6162 — Registered No. 15
City Nevada (No. ..... St. ..... Ward)

2. FULL NAME Fannie Scott
(a) Residence. No. St Hosp # 3 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. 4 mos. 25 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): about 1845

7. AGE: about 85 YEARS — MONTHS: Y — DAYS: X — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of 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): Iowa

PARENTS
10. NAME OF FATHER: unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN): —
(STATE OR COUNTRY): —
12. MAIDEN NAME OF MOTHER: unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): —
(STATE OR COUNTRY): —

14. INFORMANT: St Hosp record
(Address)

15. FILED 2/8/ 1930 E R King. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 20 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug 26, 1929, to Jan 20, 1930 that I last saw her alive on Jan 20, 1930, and that death occurred, on the date stated above, at 10:15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute cardiac dilatation
97
95B (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): General arterio sclerosis
(duration) ? yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 97B
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) F L Martin, M. D
Jan. 30, 1930 (Address) Nevada 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: Springfield Mo — DATE OF BURIAL: 1-14 1930

20. UNDERTAKER: Arthur E Myers, Nevada Mo — ADDRESS

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.

1930

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O.H. Lerner
415 E Division St.
Springfield.