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

Do not use this space.

19186

File No. 491

Registered No.

1. PLACE OF DEATH
County Greene
Township
City Springfield (No. 1055 W. Harrison St. Ward)
Registration District No. 318
Primary Registration District No. 2004

2. FULL NAME Letta Scott
(a) Residence. No. 1055 W. Harrison 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: 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) March 19-1930

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, ...hrs. or ...min.
0	3	4	

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

PARENTS
10. NAME OF FATHER Lexie Scott
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.
12. MAIDEN NAME OF MOTHER Opal Brownlow
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo.

14. INFORMANT Mrs. Opal Scott
(Address) Springfield, Mo.

15. FILED 6-23, 1930 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/23rd 1930

17. I HEREBY CERTIFY, That I attended deceased from June 13th, 1930, to June 23rd, 1930 that I last saw her alive on June 23rd, 1930, and that death occurred, on the date stated above, at 2 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Whooping cough
9
1500
(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Broncho Pneumonia
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. Nabenan, M. D.
6-23, 1930 Address 205 Land Bank Bldg

*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: Hazelwood Cemetery
DATE OF BURIAL: June 24 1930

20. UNDERTAKER: J. W. Klingner & Co. 424 E. Court St. Springfield 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.

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