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

Do not use this space.

41338

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 12013

Township ..... Primary Registration District No. 1002 Registered No. .....

City St. Louis (No. Mo. Baptist Hospital St. ..... Ward)

2. FULL NAME Retta Scott

(a) Residence. No. ..... St., 12 Ward. Hayti Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
F	W.	M.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 28, 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	53	7	26	

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

9. BIRTHPLACE (CITY OR TOWN) Kansas City
(STATE OR COUNTRY) Kansas

PARENTS

10. NAME OF FATHER M. L. Garrison
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Brooks
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Kansas

14. INFORMANT Marion Scott
(Address) Hayti Mo.

15. FILED ..... 19.. Max C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 24 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec 5, 1930, to Dec 24, 1930 that I last saw her alive on Dec 24, 1930, and that death occurred, on the date stated above, at 11 05 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Nephritis chronic interstitial
131
100
several (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) arterial hypertension
several (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH her residence
DID AN OPERATION PRECEDE DEATH? M DATE OF .....
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) C. E. Gilliland M. D.
12/24, 1930 (Address) Missouri 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	DATE OF BURIAL
~~Hayti~~ Mo.	12/27 1930
20. UNDERTAKER	ADDRESS
Dovis Und Co	Hayti 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.

Shelbina Mo