

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

Do not use this space.

4304

1. PLACE OF DEATH

County Vernon Registration District No. 870
Township Coal Primary Registration District No. 65d
City (No.) St. Ward

File No.
Registered No.

2. FULL NAME

Ava A. Scott
(a) Residence, No. Deer no R.R. Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

OCCUPATION	3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>	
	5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Herbert Scott</u>			
FATHER	6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 14 1890</u>			
	7. AGE	YEARS <u>39</u>	MONTHS <u>0</u>	DAYS <u>29</u>
	If LESS than 1 day, hrs. or min.			
MOTHER	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u> <u>Vernon Co. Mo</u>				
13. NAME <u>J. M. Henlon</u>				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u> <u>Deer Co. Kansas</u>				
15. MAIDEN NAME <u>Hattie Potter</u>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u> <u>Mo</u>				
17. INFORMANT (ADDRESS) <u>Thos Henlon</u> <u>St Scott Kansas</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACED <u>deposited</u> DATE <u>Jan 16</u> 19 <u>31</u>				
19. UNDERTAKER (ADDRESS) <u>Geo. A. Kondraty</u> <u>St Scott Kansas</u>				
20. <u>March 1</u> 19 <u>31</u> , <u>Mrs. Prinson</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13 1931

22. I HEREBY CERTIFY that I attended deceased from Jan 5 1931, to Jan 13 1931
I last saw her alive on Jan 13 1931. Death is said to have occurred on the date stated above at 8:00 pm.
The principal cause of death and related causes of importance were as follows:
Bronchial pneumonia Date of onset 1/5/31
Influenza 1/5/31

Other contributory causes of importance:
Stethoscope

Name of operation Stethoscope Date of no
What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury Followin chest

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____
(Signed) N. B. Brewer M. D.
(Address) Deerfield

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.

MAR 27 1931

