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.

APR 25 1931

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

Do not use this space.

11186

1. PLACE OF DEATH
County RANDOLPH — Registration District No. 734
Township — Primary Registration District No. 4439
City JACKSONVILLE (No. ..., ... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME VICTORIA G. SCOTT.

(a) Residence, No. ..... 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. 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): WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MCH 16-1856

7. AGE. YEARS 74 MONTHS 11 DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 435
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) NEW BOSTON IOWA

FATHER
13. NAME REV. Wm BROWN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ENGLAND

MOTHER
15. MAIDEN NAME REBECCA ANN LIGHT
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

17. INFORMANT (ADDRESS) Mrs Grace Moore Jacksonville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE MT SALEM DATE MAR 10 1931

19. UNDERTAKER (ADDRESS) SNOW-LEAVERTON JACKSONVILLE. MO.

20. FILED Apl 6 1931 Albert Skinner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-9- , 1931

22. I HEREBY CERTIFY, That I attended deceased from Coroners Case, 19..., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3 p.m.
The principal cause of death and related causes of importance were as follows:

Arteria - Sclerosis
Cardio - Renal.
Died suddenly with out medical attention.

Date of onset

Other contributory causes of importance:
95 B
99

Name of operation none Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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 .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) C. H. Dixon Coroner, M. D.
(Address) Bank of Mobery By Mobery Mo.