

Walker

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

Do not use this space.

18692

1. PLACE OF DEATH

County Müller
Township Sebo
City Eldon (No.)

Registration District No. 561
Primary Registration District No. 4330

File No.
Registered No. 59 Ward)

2. FULL NAME

Mary E Scott
(a) Residence, No. St., Ward.
(Usual place of abode)

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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DEC 25 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 6 6

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.

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) mo

13. NAME Marion Dailey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Sallie Wheeler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Rev. W H Scott (ADDRESS) Eldon, mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Richland DATE 5-3 1931

19. UNDERTAKER W A Phillips (ADDRESS) Eldon, mo

20. FILED 5-2 1931 Belle Haynes Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 1 1931

22. I HEREBY CERTIFY, That I attended deceased from April 15 1931, to May 1 1931. I last saw her alive on May 1 1931. Death is said to have occurred on the date stated above, at 10:30 P.m. The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Influenza
Date of onset about 4/15/31

Name of operation Date of
What test confirmed diagnosis? Clinical 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

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) G. J. Walker, M. D.
(Address) Eldon, mo

THIS IS A PERMANENT RECORD

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.

JUN 27 1931

