

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

Do not use this space.

25861

**1. PLACE OF DEATH**

County Pettis Registration District No. 664  
Township Elk Fork Primary Registration District No. 2883  
City \_\_\_\_\_ (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 112

**2. FULL NAME** Katy E. Scollen

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 40 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 White  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert M. Scollen  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25 - 1887  
7. AGE YEARS 74 MONTHS 5 DAYS 7 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
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) London (STATE OR COUNTRY) England

MOTHER 13. NAME John B. Smith

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

15. MAIDEN NAME Leah Ann

MOTHER 16. BIRTHPLACE (CITY OR TOWN) England (STATE OR COUNTRY)

17. INFORMANT Grace Berry Nelson (ADDRESS) R-3 Lecky, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Balls Blount DATE July 4 1931

19. UNDERTAKER B. J. Parsons (ADDRESS) La Monte, Mo

20. FILED July 10 1931 W. R. Shellen Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2 - 1931

22. I HEREBY CERTIFY That I attended deceased from 4/15, 1931 to July 2, 1931. I last saw him alive on 6/28, 1931. Death is said to have occurred on the date stated above, at 12 P.M.

The principal cause of death and related causes of importance were as follows:

Apoplexy (Cerebral Haem)  
Debrae M. Scollen  
59 57  
Other contributory causes of importance:  
through tumor  
Ch. Inf. M. Phlebitis  
Hypertension

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 \_\_\_\_\_ 1931

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) Howard B. Long, M. D. (Address) St. Louis, 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.

Aug 20 1931

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requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate:

Name: Katy E. Scotter  
Who died at: Pettis co. on July 2, 1931,  
Residence: No. \_\_\_\_\_ St. \_\_\_\_\_

(If nonresident, city or town)  
Length of residence in city or town where death occurred: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Sex: \_\_\_\_\_ Color or race: \_\_\_\_\_ Single, married, widowed or divorced: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation: (a) Trade \_\_\_\_\_ (b) Industry: \_\_\_\_\_

Birthplace (State or country) \_\_\_\_\_

Birthplace of father (State or country) \_\_\_\_\_

Birthplace of mother (State or country) \_\_\_\_\_

CAUSE OF DEATH: Apoplexy (cerebral hemorrhage)  
Diabetes Mellitus

Contributory: Fractured Femur, Chronic Interstitial Nephritis, Hypertension,

Where was disease contracted? \_\_\_\_\_

Did operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Green Ridge Mo. Apr 30 eth 1932.

State Board Of Health.

Jefferson City. Mo.

Gentlemen I am in rect of the information request on the death of Mrs Scotten and in answer I will say that I have put forth all the effort that I know to obtain the information that you ask for, but it looks like there is no one that can answer the real cause, I have taken the matter up with Dr Long her Physician and he does bot seem to say, so I am encloseing his Letter to me regarding the same and you can see for your self, what he seems to think about it, so trusting that this will be satisfactory as to the best that I can do, But if there should be snything that I should of done in the matter if you will let me know what it is I will gladly put forth every effort to obtain all that I can , to furnish the desired Information,

yours very r espectfully . .

G R. Shelley. Local registrar,

*G. R. Shelley Local Registrar*

4/29/32

Mr. G. H. Shelley,  
Green Ridge,  
Mo.

Dear Sir - In regard to death certificate  
of Mrs. Katy E. Scollen, Pettis Co. Mo. who died  
July 2, 1931.

She first had stroke of palsy 2 yrs. prior to  
her death, and a year later when she had  
recovered from this enough to be around a  
little, while cleaning. One day she fell on a  
concrete floor fracturing neck of rt. femur.  
This occurred in Aug. 1930. There was never  
any union & the fact she was devitalized from  
her bedfall practically all of the time from  
then on until her death was the reason  
for not mentioning it as a contributory  
cause of death. Very respectfully,  
Frank B. Long M.D.  
3rd N. Bank Bldg.