

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

Do not use this space.

28774

**1. PLACE OF DEATH**

County Livingston  
Township Jackson  
City (No. ....) St. .... Ward .....

Registration District No. 962  
Primary Registration District No. 2673

File No. ....  
Registered No. 6

**2. FULL NAME**

Mrs. Maude C. Scott  
(a) Residence No. R. 3 Chillicothe 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24 1875

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>55</u>	<u>8</u>	<u>0</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

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) Cameron Mo

13. NAME John Jordan

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

15. MAIDEN NAME Jane Poston

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

17. INFORMANT (ADDRESS) Bert Scott Chillicothe Mo. R. 3

18. BURIAL, CREMATION, OR REMOVAL PLACE Hitchison DATE 8-25 1931

19. UNDERTAKER (ADDRESS) F. B. Norman Chillicothe Mo.

20. FILED 9-8 1931 N. L. White Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24 1931

22. I HEREBY CERTIFY, That I attended deceased from June 1 1931, to Aug 24 1931  
I last saw her alive on Aug 20 1931. Death is said to have occurred on the date stated above, at 11<sup>00</sup> a.m.  
The principal cause of death and related causes of importance were as follows:

Cancer of Uterus  
48  
48  
Other contributory causes of importance:

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) R. J. Barraman, M. D.  
(Address) Chillicothe, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

SEP 24 1931

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.

