

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

Do not use this space.

37013

1. PLACE OF DEATH

County Bethu
Township Ark New
City (No. _____) _____ St. _____ Ward _____

Registration District No. 92
Primary Registration District No. 5134B

File No. _____
Registered No. _____

2. FULL NAME

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1 - 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 10 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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) Ark.

MOTHER FATHER 13. NAME Harrison Scott

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

15. MAIDEN NAME Fillicia Leffort

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

17. INFORMANT (ADDRESS) Harrison Scott

18. BURIAL, CREMATION, OR REMOVAL PLACE Quincy DATE 11/7 (1931)

19. UNDERTAKER (ADDRESS) none

20. FILED 11-10 1931 Scott Cook Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 6 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1931 to Nov 6 1931
I last saw him alive on Jan Nov 5 1931. Death is said to have occurred on the date stated above, at 99 m.
The principal cause of death and related causes of importance were as follows:

Malaria Fever, Remittent. Date of onset 10/20/31

Other contributory causes of importance: _____

Name of operation _____ Date of _____
13. What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Scott Cook, M. D.
(Address) Quincy Mo

Exact statement of OCCUPATION is very important. DEC 21 1931

