WRITE PLAINLY, WITH UNFADING INK--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.

DEC 21 1931

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

Do not use this space.

37223

1. PLACE OF DEATH

County Cooper. Registration District No. 218 File No. 116

Township Primary Registration District No. Registered No. 218

City Boonville (No. , St. Ward)

2. FULL NAME Mrs. Bessie Scott.

(a) Residence, No. Hospital St., Ward. Jamestown Mo (If nonresident, give city or town and State)

(~~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.

## 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 Emmitt L. Scott.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 24" 1901

7. AGE: YEARS 30 MONTHS 3 DAYS 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.

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) Sandy Hook Mo.

FATHER

13. NAME Lawrence Rosemiller.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole County, Mo.

MOTHER

15. MAIDEN NAME Lizzie Rush.

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

17. INFORMANT (ADDRESS) Mr. Lawrence Rosemiller. Jamestown Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Jamestown Mo. DATE 11/26 1931

19. UNDERTAKER (ADDRESS) Goodman & Boller. Boonville Mo.

20. FILED Nov 26 1931 G A Russell Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 20, 1931, to Nov 24, 1931

I last saw her alive on Nov 23, 1931. Death is said to have occurred on the date stated above, at 3 a.m.

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

Yellow atrophy of the liver in pregnancy.

Date of onset

Other contributory causes of importance:

Fetus dead.

Name of operation transfusion's Date of Nov 8 Nov 11, 18

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) Hiram Ravenna, M. D.

(Address) Boonville Mo