

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.

23 1932

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

Do not use this space.

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1. PLACE OF DEATH

County Butler Registration District No. 88
Township Neely Primary Registration District No. 5190
City _____ (No. _____ St. _____ Ward _____)

File No. _____
Registered No. 6

2. FULL NAME

Zelma Louise Scott.
(a) Residence Near Neelyville 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 3 - 1931

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
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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) Neelyville (STATE OR COUNTRY) Missouri

FATHER
13. NAME Cecil George Scott.

14. BIRTHPLACE (CITY OR TOWN) Neelyville (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Edna Tosa Dollins

16. BIRTHPLACE (CITY OR TOWN) Neelyville (STATE OR COUNTRY) Missouri

17. INFORMANT Cecil George Scott (ADDRESS) Neelyville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Roberts Cemetery DATE Dec. 18, 1931

19. UNDERTAKER Friends & Neighbors. (ADDRESS) _____

20. FILED 1-18, 1932 R. L. Turner Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17, 1931

22. I HEREBY CERTIFY, That I attended deceased from 12-11-1931 to 12-19-1931. I last saw him alive on 12-13-1931. Death is said to have occurred on the date stated above, at 5:00 p.m.

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

Catarrahal-pneumonia Date of onset 12-9-31
10/10/31

Other contributory causes of importance: _____

Name of operation _____ Date of _____
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? _____
If so, specify _____

(Signed) R. H. Turner M. D.
(Address) Neelyville, Mo.

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