

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.

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

Do not use this space.

40524

1. PLACE OF DEATH

County Daviess
Township Gallatin
City Gallatin (No.)

Registration District No. 250
Primary Registration District No. 4150

File No.
Registered No. 630
St. Ward)

2. FULL NAME

Mary Alice Scott
(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

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (use the word) <u>widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John C. Scott</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 31-1860</u>		
7. AGE	YEARS <u>71</u>	MONTHS <u>4</u>
	DAYS <u>27</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home.</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Dec. 27-1931</u>	
	11. Total time (years) spent in this occupation <u>Life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Daviess Co. Mo.</u>		
MOTHER	13. NAME <u>Thomas Hughes</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
	15. MAIDEN NAME <u>Mary Ann Mitchell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
17. INFORMANT <u>Roy Scott</u> (ADDRESS) <u>Winston, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brown</u> DATE <u>12/30</u> 19 <u>31</u>		
19. UNDERTAKER <u>H. H. Hoyer</u> (ADDRESS) <u>Gallatin Mo</u>		
20. FILED <u>12/29</u> 19 <u>31</u> <u>Ph Gardner</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 28-1931

22. I HEREBY CERTIFY, That I attended deceased from Dec 27 1931, to Dec 28 1931
I last saw him alive on Dec 28 1931. Death is said to have occurred on the date stated above, at 12:11 P. M.
The principal cause of death and related causes of importance were as follows:
Chc Parenchymatous Nephritis Date of onset
131 131
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?
If so, specify
(Signed) Ph Gardner M. D.
(Address) Gallatin Mo

