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

Do not use this space.

9529

File No.
Registered No. 4

1. PLACE OF DEATH 80 County Pettis
Township Blackwater
City (No. St. Ward)
Registration District No. 11 J
Primary Registration District No. 6886

2. FULL NAME Nancy Scott
(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 80 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

APR 28 1932

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OR~~ (OR) WIFE OF Rush M. Scott

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 19-1865

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
66	11	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) House work
(c) Name of employer At home

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9. BIRTHPLACE (CITY OR TOWN) Baston Co 2
(STATE OR COUNTRY) Indiana

PARENTS

10. NAME OF FATHER John H Dodd
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Josephine Bobbitt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Indiana

14. INFORMANT Cushman Dirks
(Address) Kansas City Mo

15. FILED Mar 22 1932 Thomas L. Tyler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 22 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1932, to Mar 22, 1932, that I last saw h. alive on March 22, 1932, and that death occurred, on the date stated above, at 12-30 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
8 H
(duration) yrs. 1 mos. 22 ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Usual
(Signed) W. E. Walker, M. D.
, 19 (Address) La Monte Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Prairie Chapel
DATE OF BURIAL 3/23 1932
20. UNDERTAKER W. C. Westbrook
ADDRESS Houston

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.