

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

Do not use this space.

20190

1. PLACE OF DEATH

68 County Moniteau Registration District No. 4376
 2 Township _____ Primary Registration District No. 1095
 1 City Clarksburg (No. _____) St. _____ Ward _____

2. FULL NAME Lydia G. 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Edward S. Scott</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 1 1865</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>2</u>
	DAYS <u>13</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>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>234</u>	
	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) <u>Trenton Ohio</u>		
FATHER	13. NAME <u>John Leber</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W. Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Anna B. Matzke</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lebanon 26</u>	
17. INFORMANT <u>R. E. Scott</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Map Pleasant</u> DATE <u>June 16 1932</u>		
19. UNDERTAKER <u>Jewell E. Richards</u>		
20. FILED <u>June 16 1932</u> <u>J. P. Martin</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 13, 1932

22. I HEREBY CERTIFY, that I attended deceased from 5-26, 1932, to 6-13, 1932.
 I last saw her alive on 6-13-1932 Death is said to have occurred on the date stated above, at 5:30 P.M.
 The principal cause of death and related causes of importance were as follows:
mitral insufficiency
asthma
 Date of onset _____

Other contributory causes of importance:
asthma

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? no
 If so, specify _____
 (Signed) R. L. Francis, M. D.
 (Address) Clarksburg, Mo.

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.

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