

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

Do not use this space.

22126

1. PLACE OF DEATH

County Callaway
Township Fulton
City Fulton (No. _____)

Registration District No. 104
Primary Registration District No. 3008

File No. _____
Registered No. 145
St. _____ Ward _____

2. FULL NAME Orville 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male **4. COLOR OR RACE** Negro **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** married
(write the word)

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hannah

17. I HEREBY CERTIFY, That I attended deceased from July 13, 1932, to July 16, 1932 that I last saw h. alive on July 13, 1932, and that death occurred, on the date stated above, at 5:34 P. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) — / — / 1861

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 / — / —

Chronic Nephritis

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

CONTRIBUTORY (SECONDARY)? 131 (duration) 1 yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

18. WHERE WAS DISEASE CONTRACTED (D)
IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER Frank Scott

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

WAS THERE AN AUTOPSY? no

12. MAIDEN NAME OF MOTHER D.K.

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) H. J. OWEN, M. D.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) OK 31

, 19 _____ (Address) Fulton Mo

14. INFORMANT (Address) Mrs. Margie Vincent
Fulton 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.

15. REGISTERAR July 19 1932 R. W. Smead

19. PLACE OF BURIAL, CREMATION, OR REMOVAL South Side Cemetery **DATE OF BURIAL** July 19, 1932

20. UNDERTAKER Oli Bell **ADDRESS** Fulton, 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.

MS 22 1932

