

MAR 28 1933
 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.

1. PLACE OF DEATH

County Osage
 Township Saline
 City Senath (No. _____)

Registration District No. 290
 Primary Registration District No. 5708

File No. 39136-a
 Registered No. 10
 St. _____ Ward _____

2. FULL NAME

Honora Gen 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 Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Infant

5A. ~~MARRIED, WIDOWED, OR DIVORCED~~
~~HUSBAND OF~~
~~(OR) WIFE OF~~
Infant

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 6, 1932

7. AGE	YEARS	MONTHS	DAY	If LESS than 1 day, hrs. or min.
	<u>7</u>	<u>5</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work X
 (b) General nature of industry, business, or establishment in which employed (or employer) X
 (c) Name of employer X

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Senath, Mo

PARENTS

10. NAME OF FATHER X

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

12. MAIDEN NAME OF MOTHER Miss Hattie Ryan Scott

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Senath, Mo

14.

INFORMANT M J Darneyport
 (Address) Senath, Mo.

15.

FILED Feb 28 1933 A Glenn Davis
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 11 1932

17. I HEREBY CERTIFY, That I attended deceased from 10:15 1932, to Dec 11 1932
 that I last saw her alive on Dec 5 1932 and that death occurred, on the date stated above, at 6:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

meningeal abscess arising from otitis media
89A

79A (duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) 158 Inanition
not known (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical findings

(Signed) A Glenn Davis, M.D.

Feb 28 1933 (Address) Senath, 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 DATE OF BURIAL

McGee Cemetery Dec 12 1932

20. UNDERTAKER ADDRESS

McDaniel Funeral Senath, Mo

