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.

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APR 21 1933

1. PLACE OF DEATH

County Greene — Registration District No. 321 — File No. 25

Township ~~Campbell~~ Clay — Primary Registration District No. 5444 — Registered No.

City Springfield (No. James River Club Road close to Dr. Fulton Ward)

2. FULL NAME Sabella Scott

(a) Residence, No. 930 Forrest ave St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Sunny Scott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): ✓ 1909

7. AGE: YEARS 24 — MONTHS ✓ — DAYS ✓ — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Maid in Store
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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): Paris ark

FATHER

13. NAME: Mansfield Finney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Paris ark

MOTHER

15. MAIDEN NAME: Josephine Walker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Paris ark

17. INFORMANT (ADDRESS): Coroner

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lincoln Mem Cem DATE Mar 31 1933

19. UNDERTAKER (ADDRESS): W. P. Campbell, 869 Washington ave

20. FILED April 1 1933 Mrs. G. L. Proctor, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to after 10 P.M., 19...
I last saw her dead alive on Mar 28, 1933. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
gunshot wounds in head & body	
Found dead on roadside	

Other contributory causes of importance:

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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? homicide Date of injury Mar 28, 1933
Where did injury occur? James River Club Road near Springfield (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Pistol wounds in head & body
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. A. Umbarger, acting Coroner, ~~M. D.~~
(Address) Springfield, Mo.