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

Do not use this space.

10035

APR 22 1933

1. PLACE OF DEATH County: Jefferson Township: Dale City: DeSoto No. St. Ward)

Registration District No. 4250
Primary Registration District No. 5574

File No.
Registered No. 25

2. FULL NAME: Levi Elisha Scott

(a) Residence, No. Rural St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 8th 1878

7. AGE: Years 54 Months 11 Days 8 If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer
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): Highridge Mo

FATHER
13. NAME: Levi Nelson Scott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known

MOTHER
15. MAIDEN NAME: Gertude Tire
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ark

17. INFORMANT (ADDRESS): Jess Scott

18. BURIAL, CREMATION, OR REMOVAL PLACE: Hillsboro Mo DATE: Mar 18, 1933

19. UNDERTAKER (ADDRESS): Richardson & Mathews DeSoto Mo

20. FILED: Mar 16, 1933 B.L. Ramsey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 15, 1933

22. I HEREBY CERTIFY, That I attended deceased from No attendency Physician, 19.... I last saw h... alive on ..., 19.... Death is said to have occurred on the date stated above, at about 4 a.m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Of Unknown Natural Cause.
Found dead in his bed by Nephew
Dr. O.O.A.

Other contributory causes of importance: None Because found dead on Statement of Friends & Neighbors

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?
If so, specify

(Signed) B.L. Ramsey Local Registrar
(Address) DeSoto 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD