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.

MAY 22 1933

12550

1. PLACE OF DEATH

14 County Callaway — Registration District No. 104 — File No.

2 Township — Primary Registration District No. 3008 — Registered No. 82

City Fulton (No. ..... St. ..... Ward)

7

2. FULL NAME Myrtle Scott

(a) Residence, No. ..... 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 Negro — 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) Sept 10-1893

7. AGE — YEARS 39 — MONTHS 4 — DAYS 4 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) Guthrie Mo

FATHER

13. NAME Church Scott

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

MOTHER

15. MAIDEN NAME Mary E. King

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

17. INFORMANT (ADDRESS) Johnie Scott Fulton, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Fulton, Mo DATE Apr. 17 1933

19. UNDERTAKER (ADDRESS) Eli Bell Fulton, Mo.

20. FILED Apr 15, 1933 R. N. Crews Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Apr- 1933, to Apr- 14, 1933

I last saw her alive on Apr 12, 1933 Death is said to have occurred on the date stated above, at 8.45 m.

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

	Date of onset
Pulmonary T.B.	
2-3B	

Other contributory causes of importance:

Exhaustion
Pulmonary T.B.

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) M. A. Richardson, M. D.

(Address) Fulton Mo