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.

SEP 26 1933

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

Do not use this space.

26178

1. PLACE OF DEATH
39 County Greene
Township
3 City Springfield (No. 731 E. Lynn St. Ward)
5

Registration District No. 318
Primary Registration District No. 2001

File No.
Registered No. 607

2. FULL NAME Clara St Clair Scott

(a) Residence, No. 731 E. Lynn 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

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 14-1851

7. AGE YEARS 82 MONTHS 4 DAYS 9 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. In her home
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) Pa.

FATHER
13. NAME James St Clair
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

MOTHER
15. MAIDEN NAME Margaret Mitchell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pa.

17. INFORMANT (ADDRESS) Miss Margaret Scott Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Lawn Cemetery DATE Aug 24, 1933

19. UNDERTAKER (ADDRESS) J. W. Klingner & Co. Springfield, Mo.

20. FILED 8-24, 1933 Ralph W. Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 23rd, 1933

22. I HEREBY CERTIFY, That I attended deceased from July 29th 1933, to Aug. 23rd, 1933
I last saw her alive on Aug. 22nd, 1933 Death is said to have occurred on the date stated above, at 1:40 A. m.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage — Date of onset 7/29/33
92 A
82 A

Other contributory causes of importance
Mitral Insufficiency
several years existence

Name of operation ✓ Date of
What test confirmed diagnosis? Clinical Was there an autopsy? no

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? no
If so, specify ✓
(Signed) W. P. Patterson, M. D.
(Address) Springfield, Mo.