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

Do not use this space.

28877

1. PLACE OF DEATH
County Butler — Registration District No. 88 — File No.
Township Neely — Primary Registration District No. 5130 — Registered No. 27
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Nellie Mae Scott.

(a) Residence No. ..... 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.

NOV 10 1933

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
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) May-8-1932

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
1	4	19	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant.
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) Neelyville Mo.

FATHER
13. NAME Bert Scott.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ringo Ind.

MOTHER
15. MAIDEN NAME Flora Buelah Dudley.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Doniphan Mo.

17. INFORMANT (ADDRESS) Bert Scott. Neelyville - Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sims Cemetery DATE 9-28- 1933

19. UNDERTAKER (ADDRESS) None

20. FILED 10-1- 1933 R. L. Turner. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept-27- 1933

22. I HEREBY CERTIFY, That I attended deceased from August 9, 1933, to September 27, 1933
I last saw her alive on September 27, 1933. Death is said to have occurred on the date stated above, at 11 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Diarrhea and Enteritis	
Under 2 years	6-4-33
119B	

Other contributory causes of importance:

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) R. L. Turner, M. D.
(Address) Neelyville - Mo.