

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.

32449

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 130
Township Nelch Primary Registration District No. 5175
City (No. City St. Ward)

2. FULL NAME

Audrey Celestial Scott
(a) Residence, No. St. Ward. (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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-19-1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5 7 3

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.
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) Delta mo

MOTHER FATHER

13. NAME Gordon H. Scott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Drum mo
15. MAIDEN NAME Rosie L. Legrand
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Delta mo

17. INFORMANT (ADDRESS) Gordon Scott Delta mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Alleville DATE 10-23 1933

19. UNDERTAKER (ADDRESS) G. F. Snider Delta mo

20. FILED 10/23 1933 J. M. Slagle Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-22 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-21 1933 to 10-22 1933

I last saw her alive on Oct 21 1933 Death is said to have occurred on the date stated above, at 3 A. m.

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

Diphtheria

Date of onset

Other contributory causes of importance: 10

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, 1933

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) Alleville M. D.
(Address)

