

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

Do not use this space.

37290

**1. PLACE OF DEATH**  
 72 County New Madrid Registration District No. 604  
 Township New Madrid Primary Registration District No. 0802  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ (Ward \_\_\_\_\_)

**2. FULL NAME** Lenwood 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.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** Married  
 (write the word)  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Louise Scott  
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** 6-22-1874  
**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
79 4 18

**8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.** Farmer  
**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)**

**13. NAME** Scott

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Unknown

**15. MAIDEN NAME**

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

**17. INFORMANT** Mr. Guy Scott  
 (ADDRESS) New Madrid, Mo

**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE Dawson Cem. DATE 11-11-1933

**19. UNDERTAKER** Richards Lnd. Co.  
 (ADDRESS) New Madrid Mo

**20. FILED** 11/11 1933 W. J. O'Bannon  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 11-10-1933

**22. I HEREBY CERTIFY, That I attended deceased from** 10-20, 1933, to 11-10, 1933  
 I last saw h alive on 10-20, 1933. Death is said to have occurred on the date stated above, at 5 a.m.  
 The principal cause of death and related causes of importance were as follows:

Gastric - Carcinoma Date of onset  
H.B.  
 Other contributory causes of importance:  
H.P.

Name of operation Spinal Symp. Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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. J. O'Bannon, M. D.  
 (Address) New Madrid Mo

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.

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