

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

Do not use this space.

39415

1. PLACE OF DEATH  
 County Carroll Registration District No. 135  
 Township Carrollton Primary Registration District No. 3010  
 City Carrollton (No. ....) St. .... Ward) .....

2. FULL NAME Minnie B. Scott  
 (a) Residence, No. North Jefferson St. 1st 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Shirley Scott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-24-1894  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
39 - 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
 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) Clinton Iowa

13. NAME Herbert G. Schaal

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

15. MAIDEN NAME Lavinia Schaal

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

17. INFORMANT H. B. Schaal (ADDRESS) Maywood see

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem DATE 12/18 1933

19. UNDERTAKER Willis Funeral Home (ADDRESS) Carrollton

20. FILED 12-18 1933 W. H. Harkin Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16-1933  
 22. I HEREBY CERTIFY, That I attended deceased from 12-1-1933 to 12-16-1933  
 I last saw her alive on 12-16-1933 Death is said to have occurred on the date stated above, at 7 P. m.  
 The principal cause of death and related causes of importance were as follows:

Diphtheria and Pneumonia  
109A  
10  
 Other contributory causes of importance: .....

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 R. M. Benson  
 (Signed) Carrollton, Mo M. D.  
 (Address) By J. H. Mills

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

AN 26 1934

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2

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