

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

Do not use this space.

MAR 24 1934

1. PLACE OF DEATH

County Buchanan

Registration District No. 86

Township Washington

Primary Registration District No. 5127

City St. Joseph, Mo.

(No. County Infirmery

File No. 4079

Registered No. 18

St. Ward)

2. FULL NAME

Ethel Scott

(a) Residence, No. County Infirmery

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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Febr. 1, 1934

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

22. I HEREBY CERTIFY, that I attended deceased from Jan 1<sup>st</sup> 1934, to Jan 31<sup>st</sup> 1934

I last saw her alive on Jan 31<sup>st</sup> 1934. Death is said to have occurred on the date stated above, at 6:10 A.M.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 19, 1876

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
57 5 12

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
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

Arthritis Deformans  
1934  
5-11-34  
Date of onset  
Don't know

Other contributory causes of importance:  
Parenchymatous Nephritis  
Date of onset  
Don't know

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Iowa

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Frank Sprengel, (ADDRESS) St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ashland DATE Feb. 2, 1934

19. UNDERTAKER Fleeman Mortuary, Inc. (ADDRESS) St. Joseph, Mo.

20. FILED Feb 2 1934 J. J. Bunchel Registrar

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 A. E. Volley, M. D. (Address) 822 Diamond St. St. Joseph, Mo.

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.

