

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.

DEC 1 1 1934

41814

1. PLACE OF DEATH

County Adair
Township
City Kirksville (No. _____)

Registration District No. 4
Primary Registration District No. 3001

File No. _____
Registered No. 227
St. _____ Ward _____

2. FULL NAME Patricia Scott

(a) Residence, No. 813 N. High St. I 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) 5-16-1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
6 6 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school girl

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) Lifford Missouri

13. NAME Mrs. Kirby Scott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hale Missouri

15. MAIDEN NAME Ruth Plumlee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warren Missouri

17. INFORMANT Mrs. Kirby Scott (ADDRESS) 813 N. High Kirksville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland Park DATE 12-6-1934

19. UNDERTAKER Doc Riley (ADDRESS) Kirksville Mo

20. FILED Dec. 10 1934 Spencer Freeman Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-4-1934

22. I HEREBY CERTIFY, That I attended deceased from 11-23 34 to 12-4 34, 1934

I last saw her alive on 12-4, 1934. Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Broncho-pneumonia Date of onset 11-10-34

Other contributory causes of importance:

Measles

Name of operation _____ 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? No 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) John Henry D.D. (Address) Kirksville

