

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.

JUL 2 2 1935

19455

1. PLACE OF DEATH

County Greene

Registration District No. 318

Township

Primary Registration District No. 200

City Springfield (No. 1913, N. Nettleton)

File No. _____

Registered No. 707

St. _____ Ward _____

2. FULL NAME

Allen Marie Scott, Infant (Pre-mature)

(a) Residence, No. 1913 N. Nettleton 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 Female 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 12, 1935

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. nil
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) Springfield, Mo.

FATHER 13. NAME Ottis Scott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) East Lyme, Mo.

MOTHER 15. MAIDEN NAME Marie Meador

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk County, Missouri

17. INFORMANT Ottis Scott, 1807 N. Lyon (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Hayelwood DATE June 13, 1935

19. UNDERTAKER F. P. Thieme (ADDRESS) Springfield, Mo.

20. FILED 6-13-35 Rivbungrston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 12, 1935

22. I HEREBY CERTIFY That I attended deceased from June 12, 1935, to death 6/12 1935
I last saw her alive on June 12, 1935 Death is said to have occurred on the date stated above, at 9 P. M.
The principal cause of death and related causes of importance were as follows:

Pre-maturity
(6 1/2 to 7 mos. maturity gestation)
Born alive at 2 P. M. 6/12/35

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 _____

(Signed) A. E. Hoover, M. D.

(Address) Springfield, Mo.

