

DEC 11 1935

# MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

### CERTIFICATE OF DEATH

Do not use this space.

37035

## 1. PLACE OF DEATH

County RallsRegistration District No. 726Township SpencerPrimary Registration District No. 4422City New London, Mo. (No. 74)St. Mo. Ward 12. FULL NAME Robert Scott(a) Residence, No. New London St. Mo. Ward 1

(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 (write the word) married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lula Scott6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 13, 18637. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 72 1 14 278. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer9. 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) July 8, 1935 11. Total time (years) spent in this occupation 112. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky13. NAME Charlie Scott14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Ana Robinson16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT Larab Farrisist (ADDRESS) 2330 Park, St. Louis Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE New London (Barley) DATE Nov. -11- 193519. UNDERTAKER Mrs. H. M. Piper (ADDRESS) New London, Mo. 651320. FILED Nov 11, 1935 Bernice Ingram Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 10, 193522. I HEREBY CERTIFY, That I attended deceased from 11/5, 1935, to 11/8, 1935I last saw him alive on 11/8, 1935. Death is said to have occurred on the date stated above, at 10:10am.

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

Chr. Myocarditis Date of onsetOther contributory causes of importance: Re. Card. CompensationName of operation — Date of —What test confirmed diagnosis? — Was there an autopsy? no23. 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? noIf so, specify —(Signed) John D. Callwell, M. D.(Address) Hannibal, 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.

