

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

FEB 20 1936

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

Do not use this space.

2465 X

1. PLACE OF DEATH  
County Pettis Registration District No. 670  
Township West Creek Primary Registration District No. 5896  
City Hughesville (No. R.P.D.) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Lydia Frances Scott  
(a) Residence, No. Hughesville S. no. R.P.D. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 65 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) Widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cyrus Scott  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-22-1857  
7. AGE YEARS 84 MONTHS 2 DAYS 1 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as spinner, lawyer, 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) Jan. 12 - 1930  
11. Total time (years) spent in this occupation 65  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknow  
Kentucky  
13. NAME William Kibler  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknow  
Kentucky  
15. MAIDEN NAME Nancy Smedo  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
17. INFORMANT Mrs E. C. Fischer  
(ADDRESS) Beamon Ind Rte 1  
18. BURIAL, CREMATION, OR REMOVAL PLACE Union Cemetery  
Jan-25-1936  
19. UNDERTAKER (ADDRESS) Stays of Stockham  
Pilot Grove, Mo  
20. FILED 2-8 1936 Plouie Berguson  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-23 1936  
22. I HEREBY CERTIFY, That I attended deceased from Jan 19 1936 to Jan 23 1936  
I last saw her alive on Jan 22 1936. Death is said to have occurred on the date stated above, at 7 a.m.  
The principal cause of death and related causes of importance were as follows:  
Paralysis  
Date of onset 1-19-36  
Other contributory causes of importance Smile & ability  
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? \_\_\_\_\_ 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) E. P. Cartwright M. D.  
(Address) Hughesville 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.

10000-1-22-33

It should be stated that  
Exact state

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

Do not use this space.

**1. PLACE OF DEATH**  
 County Pettis Registration District No. 670 File No. 2465  
 Township \_\_\_\_\_ Primary Registration District No. 5896- Registered No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Lydia Frances Scott  
 (a) Residence, No. Hughesville mo. 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**

<b>3. SEX</b> <u>F</u>	<b>4. COLOR OR RACE</b> <u>w</u>	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED</b> (write the word) <u>wid.</u>
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b>		
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b>		
<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>
<u>84</u>	<u>2</u>	<u>1</u>
<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b>		
<u>House wife</u>		
<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b>		
<b>10. Date deceased last worked at this occupation (month and year)</b>		
<b>11. Total time (years) spent in this occupation</b>		
<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b>		
<b>13. NAME</b>		
<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b>		
<b>15. MAIDEN NAME</b>		
<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b>		
<b>17. INFORMANT (ADDRESS)</b>		
<b>18. BURIAL, CREMATION, OR REMOVAL</b>		
PLACE _____ DATE _____ 19__		
<b>19. UNDERTAKER (ADDRESS)</b>		
<b>20. FILED</b> _____ 19__		

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** Jun. 23, 1936

**22. I HEREBY CERTIFY** That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Paralysis  
Cause and form of paralysis unknown

Date of onset \_\_\_\_\_

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 cause (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) C. P. Cartwright, M. D.  
 (Address) Hughesville mo.

Registrar.

WRITE PLAINLY. WITH UNFADING INK. THIS IS A PERMANENT RECORD

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.

2465