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

1. PLACE OF DEATH

County Christian — Registration District No. 1840 — File No.

Township Linn — Primary Registration District No. Linn — Registered No. 21

City ~~Ozark R.F.D.~~ (No. 5257 St. Ward)

2. FULL NAME Mamie Scott

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Walter Scott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 13 1877

7. AGE: YEARS 58 — MONTHS 5 — DAYS 16 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House Keeper
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): Oklahoma

FATHER

13. NAME: George P. Schafer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER

15. MAIDEN NAME: Don't Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): Walter Scott, Ozark R.F.D.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ozark Mo DATE Mar 30 1936

19. UNDERTAKER (ADDRESS): B. C. Klepper, Ozark Mo.

20. FILED July 8 1936 Loretta Leonard, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 26, 1936, to Mar 29, 1936

I last saw her alive on Mar 28, 1936. Death is said to have occurred on the date stated above, at 6:00 a.m.

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

	Date of onset
Acute Nephritis	unknown

Other contributory causes of importance: Influenza

Name of operation — Date of

What test confirmed diagnosis? urine — 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?

If so, specify

(Signed) R. R. Farthing, M. D.

(Address) Ozark Mo