

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.

APR 2 1936

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

Do not use this space.

40587

1. PLACE OF DEATH  
 County Jackson Registration District No. 399  
 Township Ward Primary Registration District No. 1007  
 City K.C. Mo. (No. K.C. General Hosp St. 1440 Ward)

2. FULL NAME Hattie Scott  
 (a) Residence, No. 3026 Jackson St. Ward  
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm J. Scott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-1-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
69 6 6

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home  
 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) Mo

MOTHER FATHER  
 13. NAME Shinogle  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no Record  
 15. MAIDEN NAME no Record  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no Record

17. INFORMANT (ADDRESS) Russell L. Scott  
St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
auto PLACE Hamilton STATE Mo DATE 3/10/36

19. UNDERTAKER (ADDRESS) Mrs. C. L. Carter  
418 Broadway Ave

20. FILED Nov 8, 1936 M M Brown  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March-7-1936

22. I HEREBY CERTIFY that I attended deceased from Agony Crown, 19... 19...  
 I last saw him alive on 10:00 PM, 19... Death is said to have occurred on the date stated above.  
 The principal cause of death and related causes of importance were as follows:  
Automobile traumatism Date of onset  
Fracture of the skull  
10 PM

Other contributory causes of importance:  
Pedestrian

Name of operation Autopsy Date of yes  
 What test confirmed diagnosis Autopsy 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 3/7/36  
 Where did injury occur State Jackson Mo  
 Specify city or town, county, and State)  
 Specify whether injury occurred in industry, at home, or in public place.

Manner of injury struck by motor car  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify no  
 (Signed) L. O. O'Connell M. D.  
 (Address) L. O. O'Connell

