

MAY 22 1936

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

Do not use this space.

14713

1. PLACE OF DEATH

County

Dunklin

Registration District No.

289

Township

City

Malden

(No.)

Primary Registration District No.

4173

File No.

Registered No.

25

St.

Ward)

2. FULL NAME

Mrs. Violet Scales

(a) Residence, No.

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

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Widow

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

J. H. Scales

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

Dec. 18 - 1876

7. AGE

YEARS

59

MONTHS

4

DAYS

3

IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Own home

10. Date deceased last worked at this occupation (month and year)

Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Dunklin Mo.

13. NAME

Joseph Vincent

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Edwards Co., Ill.

15. MAIDEN NAME

Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Edwards Co. Ill.

17. INFORMANT (ADDRESS)

Joe Scales no

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Malden Mo

DATE

4-23

1936

19. UNDERTAKER (ADDRESS)

H. R. Craig

20. FILED

4-22, 1936

S. B. Mitchell

Registrar

MEDICAL CERTIFICATE OF DEATH

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

April 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from

Jan 3, 1935, to April 21, 1936

I last saw her alive on April 18, 1936. Death is said

to have occurred on the date stated above, at 10 P. M.

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

Myocarditis -

Other contributory causes of importance

Defective teeth origin

Name of operation

None

Date of operation

July 24

What test confirmed diagnosis?

Reg

Was there an autopsy?

no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no

Date of injury

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) Clayton Coulston, M. D.

(Address) Malden, Mo.

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.

