

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

Do not use this space.

19004-1

JUL 20 1936

1. PLACE OF DEATH

County Daviess Registration District No. _____
Township _____ Primary Registration District No. _____
City Altamont (No. _____, St. _____ Ward _____)

2. FULL NAME Louise Scott

(a) Residence, No. Altamont 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. 1 mos. 14 ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Henry S. Scott</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 8, 1865</u>				
7. AGE YEARS <u>71</u>	MONTHS <u>2</u>	DAYS <u>29</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home</u>			
	10. Date deceased last worked at this occupation (month and year) <u>Sept. 1935</u>		11. Total time (years) spent in this occupation. <u>Wife</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Terre Haute Indiana</u>				
FATHER	13. NAME <u>J. J. Myers</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>			
MOTHER	15. MAIDEN NAME <u>Marietta Asher</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>			
17. INFORMANT <u>J. J. Scott</u> (ADDRESS) <u>Gallatin, Missouri</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Agnes Cemetery</u> DATE <u>MAY, 9 1936</u>				
19. UNDERTAKER <u>Edo Burn. & Hnt. Co.</u> (ADDRESS) <u>Gallatin, Missouri</u>				
20. FILED <u>May 9 1936</u> <u>J. J. Myers</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 1935 to May 1936
I last saw her alive on April 29, 1936. Death is said to have occurred on the date stated above, at 6: P. m.
The principal cause of death and related causes of importance were as follows:

Bubor Paralysis [Date of onset Nov 1935]
Heart Ascending Atherosclerosis [Date of onset Jan. 1936]
Other contributory causes of importance _____

Name of operation _____ Date of _____
What test confirmed diagnosis Clinical 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) Floyd E. Nelson, D.O.
(Address) Gallatin, 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.

