

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.

JUN 17 1936

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

Do not use this space.

21936

1. PLACE OF DEATH

County Bates Registration District No. 48
Township Homer Primary Registration District No. 5072
City Amor (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

(a) Residence, No. 6 Miss B. Scott St. _____ Ward _____
(Usual place of abode) Amor (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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 26, 1890

7. AGE YEARS 46 MONTHS 1 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Fall City, Neb.

13. NAME David Scott

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

15. MAIDEN NAME Edlen Burgen

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fresno, Cal.

17. INFORMANT Miss Leticia De Haven (ADDRESS) Amor, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Marion, Kans. DATE June 3, 1936

19. UNDERTAKER St. Joseph (ADDRESS) _____

20. FILED June 3, 1936 Miss Carl Hall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1, 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 7:00 a.m.

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

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 causes (violence), fill in also the following: Accident, suicide, or homicide suicide Date of injury 6/1, 1936

Where did injury occur? Bates Co. Ind. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury shot gun

Nature of injury fract.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) R. H. Whitson M. D.

(Address) Coroner Bates Co

Ind.

