

444 10 1937

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

Do not use this space.

44072

1. PLACE OF DEATH

County Cass Registration District No. 157
Township Pleasant Hill Primary Registration District No. 4091
City Pleasant Hill (No. _____) St. _____ Ward _____

File No. _____
Registered No. 43

2. FULL NAME Margaret Scott

(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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-6-1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
39. 72

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. House work
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) Aug 1, 1936 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pleasant Hill Mo

13. NAME Anthony Scott

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

15. MAIDEN NAME Julius Scott

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pleasant Hill Mo

17. INFORMANT (ADDRESS) Mrs. Thomas Smead Pleasant Hill, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Pleasant Hill DATE Dec 20 1936

19. UNDERTAKER (ADDRESS) Brownfield - Blush Pleasant Hill, Mo

20. FILED Dec 20 1936 Mrs. Etta M. Aldridge Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 18 1936

22. I HEREBY CERTIFY, That I attended deceased from July 5 1935 to Dec 18 1936
I last saw her alive on Dec 17 1936 Death is said to have occurred on the date stated above, at 5 P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma left Breast Date of onset —

Other contributory causes of injury or disease: LO

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? No
If so, specify _____

(Signed) F. J. Murray M. D.
(Address) Pleasant Hill, Mo

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.

