

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

Do not use this space.

JAN 21 1937

45538

1. PLACE OF DEATH

County Monitau Co. Registration District No. 576
Township Harrison Primary Registration District No. 5773A
City Harrison (No. 743)

File No.
Registered No. 20
St. Ward

2. FULL NAME

BOBBY GENE 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 Male 4. COLOR OR RACE White 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) Dec. 11, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min. 18

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

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) R. F. D. Enon, Mo.

13. NAME Alonzo E. Scott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monitau Co., Mo.

15. MAIDEN NAME Alma Ferguson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Versailles, Mo.

17. INFORMANT Alonzo E. Scott.
(ADDRESS) R. F. D. Enon, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Ridge Cem. DATE Dec. 13, 1936

19. UNDERTAKER Steffens Undertakers.
(ADDRESS) -----

20. FILED 12-14 1936 Jewell Phillips
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec. 11, 1936 to Dec. 12, 1936

I last saw him alive on Dec. 11, 1936 Death is said to have occurred on the date stated above, at 10:10 A. M.

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

Pre-natal hemorrhage (Cerebral) Date of onset

1600 H

Other contributory causes of importance:
Intra-cranial pressure due to extreme molding of head in birth canal.

Also Epispadias.

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 Congenital

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

If so, specify A. Glenn Davis, M. D.
(Signed) Russellville, Mo.
(Address) -----

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.

