

MAR 24 1937

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

Do not use this space.

7568

1. PLACE OF DEATH

County Demiseat  
Township Wascala  
City (No. ....) Ward

Registration District No. 1102  
Primary Registration District No. 5870

File No. ....  
Registered No. ~~...~~

2. FULL NAME

Wilson 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 10 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Cal 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-13-1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
54 10 4

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) 2-6-1937 11. Total time (years) spent in this occupation 25

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

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT Minnie Scott (ADDRESS) Wascala, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Morgan Cemetery DATE 2 19

19. UNDERTAKER Wm J Smith (ADDRESS) Wascala, Mo.

20. FILED 19 X Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 only to ....., 19....

I last saw him alive on Feb 15, 1937. Death is said to have occurred on the date stated above, at 8:00 a.m.

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

Broncho Pneumonia Date of onset 2-12-37

Other contributory causes of importance:

Influenza about Feb 1  
and history

Name of operation ....., Date of .....

What test confirmed diagnosis? Exp. Exam. 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 Carbonic Dioxide

(Signed) Wm J Smith, M. D.

(Address) Wascala, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

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**1. PLACE OF DEATH**

County Pemiscot  
Township Pascola  
City..... (No..... St..... Ward)

Registration District No. 1102  
Primary Registration District No. 5870

File No. 7568  
Registered No. ....

**2. FULL NAME** Wilson Seatt

(a) Residence, No..... St..... Ward.....  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX m 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 1937

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 15 1937, to....., 19.....

I last saw..... alive on Feb 15 1937. Death is said to have occurred on the date stated above, at 8:00 a.m.  
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-13-1882  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 54 10 4

Broncho Pneumonia Date of onset Probably

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) 2-6-37  
11. Total time (years) spent in this occupation 25

Other contributory causes of importance:  
Influenza about Feb 1 according to history  
Senile Debility

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

Name of operation..... Date of.....  
What test confirmed diagnosis? Phys exam Was there an autopsy? no

13. NAME .....

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

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.

15. MAIDEN NAME .....

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

Manner of injury.....  
Nature of injury.....

17. INFORMANT Mimmie Seatt  
(ADDRESS) Hayti mo

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....

18. BURIAL, CREMATION, OR REMOVAL PLACE Morgan Cemetery Sta 2-18 1937

19. UNDERTAKER Mrs. J. Smith  
(ADDRESS) Hayti mo

(Signed) William F. Pett, M. D.  
(Address) Hayti mo

20. FILED June 7 1937 Mrs. P. R. Cole  
Registrar.

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUDAN

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

75-68  
Do not use this space.

1. PLACE OF DEATH

(a) County Remick Registration District No. 1102  
(b) Township Preseda Primary Registration District No. 5870  
(c) City ..... (d) Street No. .... St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William Deutt

(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED m  
(write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 17 1938

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

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... m.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.  
54 10 4

Other contributory causes of importance:

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as 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) Rosedale miss.

Name of operation ..... Date of .....

FATHER 13. NAME August Deutt

What test confirmed diagnosis? ..... Was there an autopsy? .....

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ..... Date of injury ..... 19...

MOTHER 15. MAIDEN NAME Phyllis Turner

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

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama  
Don River Town

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

17. INFORMANT (ADDRESS) Missie Deutt  
Hayti mo.

Manner of injury .....

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE

Nature of injury .....

19. FUNERAL DIRECTOR (ADDRESS) Mrs T. J. Smith  
Hayti mo

24. Was disease or injury in any way related to occupation of deceased? .....

20. FILED 7101.28 1938

If so, specify (Signed) William Hitt, M. D.

(Address) Hayti mo.

Local Registrar.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.  
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state AGE should be stated EXACTLY.