

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

Do not use this space.

APR 22 1937

12748

1. PLACE OF DEATH

County Key-Madison

Registration District No. 274 1, 261

Township Lewis

Primary Registration District No. 4063

City

(No. _____)

St. _____

Ward _____

2. FULL NAME Croien 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 Blk.

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-3-18

7. AGE

YEARS 19

MONTHS 2

DAYS 11

IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

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) La.

13. NAME Dave Scott

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

15. MAIDEN NAME Victoria Jones

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

17. INFORMANT Dave Scott
(ADDRESS) Lelbourn Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bloomfield

DATE 3-30

1937

19. UNDERTAKER McClintock
(ADDRESS) Lelbourn Mo.

20. FILED March 30

1937

E. B. Jones

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-29, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1937, to March 27, 1937

I last saw her alive on March 27, 1937. Death is said to have occurred on the date stated above, at 7:30 am.

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

Septicemia (Puerperal)

Date of onset

Other contributory causes of importance: 1450

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? no

If so, specify _____

(Signed) E. B. Jones, M. D.

(Address) Lelbourn 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.

