APR 23 1937

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

Do not use this space.

File No. 12924

Registered No. 1

1. PLACE OF DEATH
County: Perry
Township: St Mary
City: (No. St. Ward)
Registration District No. 663
Primary Registration District No. 5881

2. FULL NAME: Harriett 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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 6 1855

7. AGE: YEARS 81 MONTHS 9 DAYS 7 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired
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)

FATHER
13. NAME: John Bullins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Hembel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT: R. H. Edmonds
(ADDRESS): Uniontown Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Uniontown DATE: Feb 15 37

19. UNDERTAKER: Young & Lowe
(ADDRESS): Perryville Mo

20. FILED 2/14 1937 H. J. Thurnell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 13 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 11 1937, to Feb 13 1937.
I last saw h. alive on Feb 11 1937. Death is said to have occurred on the date stated above, at 10.30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Failure	
Other contributory causes of importance: Chronic Myocarditis	2 yrs

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? 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
(Signed) Oscar A. Carron, M. D.
(Address) Perryville, Mo

AFTER FILING, this certificate should be carefully supplied. ALL BLANKS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.