WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

100M-11-24-33

MAY 28 1937

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

Do not use this space.

1. PLACE OF DEATH
County Moniteau
Township Walker
City California (No. ..... St. ..... Ward)

Registration District No. 571
Primary Registration District No. 4335

File No. 17005
Registered No. 18

2. FULL NAME Harold Lee 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 W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 19-1937

7. AGE YEARS MONTHS DAYS 26 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.
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) Moniteau Co

FATHER
13. NAME Luther Scott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co

MOTHER
15. MAIDEN NAME Melba Leonard
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moniteau Co

17. INFORMANT (ADDRESS) Luther Scott California Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Flag Spring DATE 4/16 1937

19. UNDERTAKER (ADDRESS) Wilhelm & Friedmeyer California Mo

20. FILED 4-16 1937 H. R. Popejoy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1937, to April 15, 1937
I last saw him alive on April 15, 1937 Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

Malnutrition

Date of onset

Other contributory causes of importance:
One of twins
Premature birth
Weak at birth.

159

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) R. J. Bannon D. O., ~~M.D.~~
(Address) California, Mo.