

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

Do not use this space.

JUN 22 1937

20371

1. PLACE OF DEATH

County Jasper  
Township Galena  
City Joplin

Registration District No. 411  
Primary Registration District No. 2007  
(No. M. John's Hospital)

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Infant Scott

(a) Residence, No. 1509 Mission St., \_\_\_\_\_ Ward.

Length of residence in city or town where death occurred no yrs. no mos. no 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1937

7. AGE YEARS no MONTHS no DAYS no 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) Joplin (STATE OR COUNTRY) Missouri

13. NAME John N. Scott

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

15. MAIDEN NAME Anna Hanford

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

17. INFORMANT John W. Scott (ADDRESS) 1509 No. Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rosine Cemetery DATE May 9, 1937

19. UNDERTAKER Lanpher Mortuary (ADDRESS) 1502 Joplin St. Joplin Mo.

20. FILED 5-6-37 Ed. James Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from May 9, 1937, to May 9, 1937. I last saw him alive on stillborn, 1937. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m. The principal cause of death and related causes of importance were as follows:

~~Stillborn~~  
stillborn  
Full term - cause unknown -  
Other contributory causes of importance: \_\_\_\_\_  
Date of onset \_\_\_\_\_

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) V. E. Keener M. D.  
(Address) 311 Turner Bank

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.

