JUL 26 1937

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

Do not use this space.

File No. 23037
Registered No. 113

1. PLACE OF DEATH
County: Adair
Township: Salt River
City: Brashear (No. ..... St. ..... Ward)
Registration District No. 4
Primary Registration District No. 5 001

2. FULL NAME Mrs Florence Scofield

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 16" 1862

7. AGE: Years 74 | Months 6 | Days 21 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Ia

FATHER
13. NAME: Milton J. Bozarth
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ia

MOTHER
15. MAIDEN NAME: Lucy Bozarth
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ia

17. INFORMANT: Ben Beck (ADDRESS) Brashear, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE: Pratt Cemetery DATE: June 9 1937

19. UNDERTAKER: F. R. Ensley (ADDRESS) Brashear, Mo.

20. FILED: June 15 1937 Spencer Freeman, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 7" 1937

22. I HEREBY CERTIFY, That I attended deceased from June 7, 1937, to June 7, 1937
I last saw her alive on June 7, 1937. Death is said to have occurred on the date stated above, at 1:30 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Apoplexy	6-7-37

Other contributory causes of importance:

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) H. M. Higginbotham, M. D.
(Address) Brashear, Mo.

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