

NOV 17 1937

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

Do not use this space.

37634

1. PLACE OF DEATH

County Gentry  
Township \_\_\_\_\_  
City Albany (No. \_\_\_\_\_)

Registration District No. 309  
Primary Registration District No. 4185

File No. \_\_\_\_\_  
Registered No. 65  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Sally Maude Scott 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

MEDICAL CERTIFICATE OF DEATH

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 L.B. Scott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 6, 1937  
7. AGE YEARS MONTHS DAYS 60 2 9 IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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) Gentry Co. Mo.

13. NAME Joseph Baldock

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

15. MAIDEN NAME Sarah Meek

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gentry Co. Mo.

17. INFORMANT Chester E. Scott  
(ADDRESS) Albany, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Grandview DATE Oct 17 1937

19. UNDERTAKER Robert L. Yaple  
(ADDRESS) Albany, Missouri

20. FILED Oct. 15, 1937 W. J. Martin  
Registrar.

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

22. I HEREBY CERTIFY, That I attended deceased from 9-10- 1937, to 10-14- 1937  
I last saw him alive on 10-14- 1937. Death is said to have occurred on the date stated above, at 5:00 AM

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

Dementia Praecox Date of onset 1932  
Catalepsy 84 10-6-37

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? no 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) Frank H. Rose, M. D.  
(Address) Albany, Mo.

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

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