

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

Do not use this space.

REC'D MAY 18 1938

1. PLACE OF DEATH

County Harrison
Township Sugar Creek
City _____ (No. _____) St. _____ Ward _____

Registration District No. 338
Primary Registration District No. 5479

File No. 14741
Registered No. _____

2. FULL NAME

Emily E. Scott

300

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Baleb Scott Deemst.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 18 - 1863

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day,hrs. ormin.
	<u>73</u>	<u>1</u>	<u>18</u>	

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) About 1 year 11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Mo.

13. NAME James L. Boats

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Ohio

15. MAIDEN NAME Emily E. Goodnight

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) State of Ind.

17. INFORMANT (ADDRESS) Willis J. Scott
Melburn Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mitchel Cemetery DATE Jan 8 - 1938

19. UNDERTAKER (ADDRESS) W.D. Adames.

20. FILED 5/16, 1938 S. O. Olphaut Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 22, 1937, to Jan 7, 1938.

I last saw her alive on Jan 6, 1938. Death is said to have occurred on the date stated above, at 12:30 a.m.

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

Coronary Insufficiency Date of onset Jan 21, 1938

Other contributory causes of importance: Arteriosclerosis
Industrial myopathy

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 _____, 1938

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) W. H. Warren, M. D.
(Address) Galena City Mo.

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.

