

DEC'D MAY 24 1938

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

Do not use this space.

15703

1. PLACE OF DEATH

County St. CharlesRegistration District No. 760 BTownship DardennePrimary Registration District No. 6001

City

(No. _____)

St. _____

Ward _____

2. FULL NAME Addie Scott

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(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

FEMALE

4. COLOR OR RACE

NEGRO

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

MARRIED

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

LOUIS SCOTT

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

1861-6-17

7. AGE

YEARS 77MONTHS 9DAYS 20

If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splainer, 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 50 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St Charles Co. Mo.

13. NAME

Fred Green

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

St Charles Co. Mo.

15. MAIDEN NAME

Martha Mickens

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

17. INFORMANT (ADDRESS)

B. Scott

18. BURIAL, CREMATION, OR REMOVAL

PLACE HamburgDATE 4/91938

19. UNDERTAKER (ADDRESS)

Muschany Bros.

20. FILED

April 11, 1938E. A. Kuehly

Registrar

MEDICAL CERTIFICATE OF DEATH

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

April 8, 193822. I HEREBY CERTIFY, That I attended deceased from JULY, 1934, to April 7th, 1938.I last saw her alive on APRIL 7, 1938. Death is saidto have occurred on the date stated above, at 10 P.m.

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

Date of onset

CHRONIC MYOCARDITIS.Other contributory causes of importance: 93C-arterio-sclerosis.

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? NO

If so, specify _____

(Signed) Otto B. Deleh

M. D.

(Address) Hamburg 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.

