

REC'D JUN 15 1938

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

Do not use this space.

19105

1. PLACE OF DEATH

County PemiscotTownship Braggodocio

City

(No. _____)

Registration District No. 633Primary Registration District No. 5871

File No. _____

Registered No. 44

St. _____

Ward _____

2. FULL NAME Robert Lee Scott(a) Residence, No. _____
(Usual place of abode)

St. _____

Ward. _____

Length of residence in city or town where death occurred 20 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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

white

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

married

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

Kate Scott

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

April 14 1880

7. AGE

YEARS

58

MONTHS

1

DAYS

7

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

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

farmer

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)

5-22-193811. Total time (years) spent in this occupation life

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

Bloomfield Mo.

MOTHER / FATHER

13. NAME William Scott

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

Ky.15. MAIDEN NAME dont know

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

17. INFORMANT (ADDRESS)

Edd Curtis Braggcity Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Hayti Mo.

DATE

5-22

1938

19. UNDERTAKER (ADDRESS)

Ray Und. Co. Hayti Mo.

20. FILED

5/23

1938

J. W. Rhodes

Registrar.

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

May 21 193822. I HEREBY CERTIFY, That I attended deceased from 1 1938, to May 21 1938I last saw him alive on May 19 1938. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Acute RegenerationDate of onset 19.30?

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis? S/SWas there an autopsy? no

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)

Artliney

M. D.

586

(Address)

Hayti Mo.

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

