

DEC 15 1938

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

38554

Do not use this space.

1. PLACE OF DEATH
- (a) County Pollinger Registration District No. 66
- (b) Township Lebanon Primary Registration District No. 4038
- (c) City Lutesville (d) Street No. _____ St.
- (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
- (If death occurred in Hospital or Institution, write its name instead of street and number)
2. PRINT FULL NAME Lula May Scott
- (a) Residence, No. _____ St. (If nonresident, give city or town and State)
- (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 7, 1938
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
- Infant
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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) Lutesville
(STATE OR COUNTRY) Missouri

13. NAME Paul A. Scott
14. BIRTHPLACE (CITY OR TOWN) Pollinger Co.
(STATE OR COUNTRY)

15. MAIDEN NAME Ethel M. Lewis
16. BIRTHPLACE (CITY OR TOWN) Hugton Kansas
(STATE OR COUNTRY)

17. INFORMANT Paul A. Scott
(ADDRESS) Lutesville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grassy Mo. DATE Dec. 8th 1938

19. FUNERAL DIRECTOR (NAME) Baker Funeral Home
(ADDRESS) Lutesville, Mo.

20. FILED Dec 9 1938 Willie H. Van Amburgh Local Registrar. #66

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 7th 1938
22. I HEREBY CERTIFY, That I attended deceased from birth 1938 to time of death 1938
- I last saw him alive on _____ 19____ Death is said to have occurred on the date stated above, at 8:45P.
- The principal cause of death and related causes of importance were as follows:

pre mature
cause unknown

Other contributory causes of importance: - 159

Date of onset

- 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) J. A. Van Amburgh, M. D.
Lutesville, 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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.