

1930 JAN 5

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

Do not use this space.

1. PLACE OF DEATH

County Harrison Registration District No. 341
Township Snout Primary Registration District No. 5477
City Willowby W. Scott (No. _____) St. _____ Ward _____

File No. 43202
Registered No. 13

2. FULL NAME

(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

3. SEX m 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19, 1881
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
56 9 15

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm
10. Date deceased last worked at this occupation (month and year) Sept 1938 11. Total time (years) spent in this occupation 40

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

13. NAME Willowby Scott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co Indiana

15. MAIDEN NAME Sutton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barthlemew Co Ind

17. INFORMANT (ADDRESS) Hiram Scott Ridgeway Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Yankoe Ridge Sept 5 38

19. UNDERTAKER (ADDRESS) W. R. Ragan Ridgeway Mo

20. FILED 9-5-38 Kate Brewer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4, 1938
22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw him live on _____, 19____. Death is said to have occurred on the date stated above, at about 300 a.m.
The principal cause of death and related causes of importance were as follows:

Accident - Struck By Car, Skull Crushed.
Other contributory causes of importance: 210 W
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? Accident Date of injury: Sept 4, 1938
Where did injury occur? Near Ridgeway Mo
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. on public highway
Manner of injury Skull Crushed
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify Joe E. Wheeler, Coroner
(Signed) Belthany, Mo
369 (Address)

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.

مجلس شورای ملی

