

JAN 24 1938

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

710

44063
Do not use this space.

1. PLACE OF DEATH

(a) County Pemiscot 2 Registration District No. 601
 (b) Township Pemiscot 1 Primary Registration District No. 8-863 Registered No. 126
 (c) City (d) Street No. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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.

2. PRINT FULL NAME Margrett Dorothy Lee 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) Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1--8--37
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 4 11
 OCCUPATION 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. L
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation L

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5--19-- 1938

22. I HEREBY CERTIFY That I attended deceased from 14th May 1938 to 14th May 1938, 1938
 I last saw him alive on 14th May 1938, 19..... Death is said to have occurred on the date stated above, at 12:25p

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

Colitis
I saw the child only on 14th May
 Date of onset

Other contributory causes of importance:

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. B. Daniel M. D.

58-5 (Address) Steele Mo

12. BIRTHPLACE (CITY OR TOWN) Lawrence Co
 (STATE OR COUNTRY) Tenn

13. NAME W.O. Scott

14. BIRTHPLACE (CITY OR TOWN) Lawrence Co
 (STATE OR COUNTRY) Tenn

15. MAIDEN NAME Mary D.K.

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

17. INFORMANT J.N. Patterson
 (ADDRESS) Tyler Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Tenn DATE 5/20 1938

19. FUNERAL DIRECTOR German Undt Co.
 (ADDRESS) Steele, Mo.

20. FILED Dec. 31 1938 Ada Martin
 Local Registrar.

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.

RECEIVED

District Health Officer No. 3,

District File Number 39-80

Date Filed 1-9-39

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

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.)