

DEPT MAR 13 1939

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

6512
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 316
(b) Township Springfield Primary Registration District No. 2001 Registered No. 108
(c) City Springfield (d) Street No. Burge Hospital 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. NETTIE WALSWORTH SCOTT St. Strafford Mo. R#1
(Usual place of abode, if no street address, write county or city) (If no apartment, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Henry H. Scott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep. 15-1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
✓	61	4	21	

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. In home

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation ✓

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

FATHER

13. NAME George Walsworth

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

MOTHER

15. MAIDEN NAME Thore Ann Magoon

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

17. INFORMANT (ADDRESS) Henry H. Scott
Strafford Mo.

18. BURIAL, CREMATION, OR REINTERMENT PLACE Shiloh Cemetery DATE Feb 9 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. King
Springfield, Mo.

20. FILED 79- 1939 Chas. A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 6 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 5 1939, to Feb. 6 1939
I last saw her alive on Feb. 6 1939 Death is said to have occurred on the date stated above, at 8:57 P.M.
The principal cause of death and related causes of importance were as follows:
Lobar pneumonia (right) about Feb. 2 - 1939 Date of onset _____

Other contributory causes of importance: 11/11
Influenza (History) Jan 30 '39

Name of operation _____ Date of _____
What test confirmed diagnosis: clinical Was 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) Arthur Knapp M. D.
(Address) 450 1/2 E. Council St.

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 J.B. Klugner
Licensed Embalmer No. 3358
P. O. Address Springfield, Mo.

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.