

REC'D AUG 17 1939

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

Do not use this space.

1. PLACE OF DEATH

County SalineTownship Union PrecinctCity 300

(No.)

Registration District No. 798Primary Registration District No. 603813

File No.

Registered No.

St.

Ward)

26958

2. FULL NAME Mrs. Sadie Beth Scott(a) Residence, No. Route 2, Nelson, Mo. 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

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

Luther Scott

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

April 16, 1874

7. AGE

YEARS

64

MONTHS

8

DAYS

22

If LESS than 1

day, hrs.

For min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

Housewife

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

Unknown

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Missouri

FATHER

13. NAME

William McLaughlin

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown
Ireland

MOTHER

15. MAIDEN NAME

Mary Williams

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown
Missouri

17. INFORMANT

(ADDRESS)

Luther Scott
Route 2, Nelson, Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Heath's Creek

DATE

1/9/39

19. UNDERTAKER

(ADDRESS)

Duane Ewing
Sedalia, Mo

20. FILED

Aug 8 1939

1939

E. C. Christill

Registrar.

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-8 1939

22. I HEREBY CERTIFY, That I attended deceased from

1-8 1939 to 1-8 1939I last saw h. alive on 1-8 1939 Death is saidto have occurred on the date stated above, at 11 m.

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

Pulmonary tuberculosis followed by violence, coughing spell kept 30 minutes.

Other contributory causes of importance: Acute Bronchitis

Name of operation Cholecystectomy Date of 1/24/39What test confirmed diagnosis? Microscopic Was there an autopsy? yes

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) W. H. ..., M. D.(Address) Ward 2, Sedalia, 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.

Dr. Simmons
Marshall