

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

37474
Do not use this space.

1. PLACE OF DEATH
 (a) County Bernon Registration District No. 875
 (b) Township Washington Primary Registration District No. 61624 Registered No. 255
 (c) City Nevada or (d) Street No. State Road # 3 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 Gasper L Scott
 (a) Residence, No. Forsythe MO 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs J. L. Scott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16 - 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 4 22

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) OK 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Imag Co., Mo

FATHER
 13. NAME Jack Scott
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
 15. MAIDEN NAME Helda Walter NALLEY
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT (ADDRESS) Hosp. Records
St. Han. # 3

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Forsythe, Mo DATE Oct 9, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fernando of Nevada, Mo

20. FILED Oct 9, 1939 Local Registry

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Feb 9th, 1939 to Oct 8th, 1939
 I last saw him alive on Oct 8th, 1939 Death is said to have occurred on the date stated above, at 5:30 p.m.
 The principal cause of death and related causes of importance were as follows:
low. Myocarditis & Myocardial degeneration Date of onset OK

Other contributory causes of importance:
Manu exhaustion

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? No
 If so, specify _____
 (Signed) J. Hopkins, M. D.
 (Address) Nevada Mo

RECEIVED

District Health Officer No. 78

District File Number 7-39-1538

Date Filed 11-6-39

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 *personally*

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

Signed *Lloyd R. Wimsatt*

Licensed Embalmer No. *3867*

P. O. Address *Winada, 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.