

JAN 15 1940

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

42669
Do not use this space.

1. PLACE OF DEATH
(a) Count Barry Registration District No. 30
(b) Township..... Primary Registration District No. 3003 Registered No. 2
(c) City Monett (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 Wava Lela Scott
(a) Residence, No. 213 Pearl St. 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*) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ray Scott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15, 1913

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>26</u>	<u>1</u>	<u>21</u>	

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

12. BIRTHPLACE (CITY OR TOWN) Cato,
(STATE OR COUNTRY) Barry Co., Missouri

FATHER 13. NAME A. F. Spain
14. BIRTHPLACE (CITY OR TOWN) Purdy,
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Flora Jane Henson,
16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) Barry Co., Mo.

17. INFORMANT A. F. Spain,
(ADDRESS) Monett, Mo.

18. BURIAL PLACE I. O. O. F. Cemetery DATE Dec. 7, 1939

19. FUNERAL DIRECTOR (NAME) Callaway's,
(ADDRESS) Monett, Mo.

20. FILED 12-6- 1939 W. M. West
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, that I attended deceased from Dec. 9, 1939, to Dec. 6, 1939
I last saw her alive on Dec. 6, 1939 Death is said to have occurred on the date stated above, at 7 A. M.
The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia Date of onset 12-4-39
107 W
Other contributory causes of importance: Renal

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 homo, 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 W. M. West, M. D.
(Signed) W. M. West, M. D.
31 (Address) Monett, 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.

RECEIVED

District Health Officer No. 6,

District File Number 1010-210

Date Filed JAN 12 1940

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.....

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

Signed: *J. Buchanan*
.....
Licensed Embalmer No. 3179

P. O. Address.....

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.