Wilkins

FILED NOV 19 1940

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

20

Do not use this space. 35057

1. PLACE OF DEATH
(a) County Chariton Registration District No. 175
(b) Township Primary Registration District No. 4104 Registered No. 66
(c) City Salisbury (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 Life yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lydia Ann Scott
(a) Residence, No. Salisbury St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fem. 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

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

7. AGE about YEARS 76 MONTHS ✓ DAYS ✓ If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housekeeper
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) (STATE OR COUNTRY) Mo

FATHER
13. NAME Arm Page
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER
15. MAIDEN NAME Susan (unknown)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Ruth Molden Salisbury Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Salisbury DATE 10/27 1940

19. FUNERAL DIRECTOR (NAME) Geo B Winkelmeyer (ADDRESS) Salisbury Mo

20. FILED Oct 26, 1940 G W Hawkins MD Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 25, 1940

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1940, to Oct 25, 1940
I last saw her alive on Oct 24, 1940. Death is said to have occurred on the date stated above, at 5 A.m.
The principal cause of death and related causes of importance were as follows:

Apoplexy. 92C

Date of onset

Other contributory causes of importance:

Chronic myocarditis

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) G W Hawkins M. D.
(Address) Salisbury Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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

I X14028

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 11-13-40

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, Chas. B. Winkelmeyer, or by .....,

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

Signed Chas. B. Winkelmeyer

Licensed Embalmer No. 3842

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.