

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

Do not use this space.

2010
14965

1. PLACE OF DEATH

County JacksonRegistration District No. 399Township HowPrimary Registration District No. 1002City Keokuk(No. Wesley Hospital)

File No.

Registered No.

St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 2014 Jefferson St. Ward 3

(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

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

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

June 25, 1900

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

28103

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.

Housewife

(b) General nature of industry, business, or establishment in which employed (or employer).

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Mo.

10. NAME OF FATHER

Charles E. Scott

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Iowa

12. MAIDEN NAME OF MOTHER

Emma McFarlane

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Pa

14.

INFORMANT
(Address)Richard Gilligan
2014 Jefferson

15.

FILED

4/30, 1929M. M. Brown
amb REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-28-192917. I HEREBY CERTIFY, That I attended deceased from 28 1928, to apr 27, 1929that I last saw her alive on apr 27, 1929, and that death occurred, on the date stated above, at 1:48 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma involving
all of lower abdomen &
liver, recurrent

(duration) yrs. mos. ds.

CONTRIBUTORY
(SECONDARY)Carcinoma of Cervix

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

NOT AT PLACE OF DEATHDID AN OPERATION PRECEDE DEATH? yes DATE OF apr 11-28WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Edw. M. Miers M.D.ap 29 1929 (Address) 901 Chambers St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Highland park 4/30 1929

20. UNDERTAKER

ADDRESS

G. V. Mast 1915 E 15

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