

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**

Do not use this space.

MAY 28 1937

1. PLACE OF DEATH  
 County Monteau Registration District No. 571  
 Township Walter Primary Registration District No. 4335  
 City California (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Harold Lee Scott  
 (a) Residence, No. \_\_\_\_\_ 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.

17005

File No. \_\_\_\_\_  
 Registered No. 18

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 19-1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
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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. \_\_\_\_\_

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) Monteau Co

FATHER 13. NAME Luther Scott

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteau Co

MOTHER 15. MAIDEN NAME Melba Leonard

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monteau Co

17. INFORMANT (ADDRESS) Luther Scott California Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Flag Spring DATE 4/16 1937

19. UNDERTAKER (ADDRESS) W. L. Meyer California Mo

20. FILED 4-16 1937 H. C. Popjoy Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15 1937

22. I HEREBY CERTIFY, That I attended deceased from April 15 1937 to April 15 1937  
 I last saw him alive on April 15 1937 Death is said to have occurred on the date stated above, at 4 P. m.  
 The principal cause of death and related causes of importance were as follows:

Malnutrition Date of onset \_\_\_\_\_

Other contributory causes of importance: 159 One of twins Premature birth death at birth

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) H. J. Dannon D. O.  
 (Address) California Mo.

Handwritten notes or scribbles in the upper left quadrant.

Vertical handwritten text or scribbles on the left side.

Vertical handwritten text or scribbles in the lower center.

Handwritten scribbles or marks in the lower center.