

FEB 20 1936

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

Do not use this space.

2208

1. PLACE OF DEATH

County *Monticau*
Township *Halsar*
City (No. St. Ward)

Registration District No. *571*
Primary Registration District No. *5769*

File No. _____
Registered No. *2*

2. FULL NAME

Lena Pearl 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.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX *Female* 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 *John Scott*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Apr 9 - 1907*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
28 8 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housewife*
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) *Monticau Co Mo*

FATHER 13. NAME *Lee Leonard*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St Clair Co Mo*

MOTHER 15. MAIDEN NAME *Maud Medlin*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Monticau Co*

17. INFORMANT *John Scott* (ADDRESS) *California mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Flag Spring* DATE *1/10 1936*

19. UNDERTAKER *W. H. Bauer & Fred Meyer* (ADDRESS) *California Mo*

20. FILED *1-9-1936* *J. R. Popeye* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 8 1936*

22. I HEREBY CERTIFY that I attended deceased from *May 10 1935* to *Jan 20 1936*
I last saw him alive on *Nov 1935* Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Tuberculosis of Lungs Date of onset

Other contributory causes of importance

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) *L. L. Latham* M. D.
(Address) *California 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.

