

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

Do not use this space.

14992-1

**1. PLACE OF DEATH**

County Monteau  
Township Millington  
City (No. 3771 a)

Registration District No. 373  
Primary Registration District No. 3771 a

File No. \_\_\_\_\_  
Registered No. 5 St. \_\_\_\_\_ Ward)

**2. FULL NAME**

Olouga E 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**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, DIVORCED OR SEPARATED, HUSBAND OF (or) WIFE OF Mary Scott

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1-24-1876

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>75</u>	<u>2</u>	<u>22</u>	

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. Framer  
(b) General nature of industry, business, or establishment in which employed (or employer). \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY)

10. NAME OF FATHER Johnathan Scott  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Elizabeth Harrison  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky  
(STATE OR COUNTRY)

14. INFORMANT Mr. A E Scott  
(Address) Markburg, Mo.

15. FILED 4-17-31 G S Wilson  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April-16 1931

17. I HEREBY CERTIFY, That I attended deceased from April-1 1931 to April-16 1931 that I last saw her alive on April-13 1931, and that death occurred, on the date stated above, at 9 a m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Influenza  
11 B  
(duration) \_\_\_\_\_ yrs. 2 mos. \_\_\_\_\_ ds.

CONTRIBUTORY (SECONDARY) 11 B  
(duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) G S Wilson M. D.  
4-17-1931 (Address) Fortuna

\*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 Marian Cemetery  
Monteau Co., Mo. DATE OF BURIAL 4-17 1931

20. UNDERTAKER Jewell E. Richards ADDRESS Dipton Mo.

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.

APR 23 1931

