

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.

JUN 25 1935 MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

17191

1. PLACE OF DEATH

County Montana  
Township Stalder  
City California (No. ....)

Registration District No. 571  
Primary Registration District No. 4385

File No. ....  
Registered No. 31  
St. .... Ward .....

2. FULL NAME

(a) Residence, No. .... St. .... Ward .....

(Usual place of abode)  
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS.

3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	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) <u>Oct 13 - 1934</u>		
7. AGE	YEARS	MONTHS
	<u>6</u>	<u>20</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
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)		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation
	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)	

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Montana Co</u>
	13. NAME <u>Oscar Scott</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Montana Co</u>
	15. MAIDEN NAME <u>Laurine Brooks</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion Co</u>

INFORMANT	17. INFORMANT (ADDRESS) <u>Oscar Scott California mo</u>
	18. BURIAL, CREMATION, OR REMOVAL
	PLACE <u>City Center</u> DATE <u>5/5</u> 19 <u>35</u>
	19. UNDERTAKER (ADDRESS) <u>Hallman &amp; Friedmeyer California mo</u>
20. FILED <u>5-4-1935</u> <u>H.P. Popejoy</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-3-1935

22. I HEREBY CERTIFY, That I attended deceased from 5-3-1935 to 5-3-1935

I last saw her alive on 5-3-1935 Death is said

to have occurred on the date stated above, at 2:45 P.M.

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

Pneumonia following whooping cough 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? no  
If so, specify H.P. Popejoy M. D.  
(Signed) California mo  
(Address) .....

