

1 JUN 25 1935

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

17192

1. PLACE OF DEATH

County Monticau
 Township Walker
 City California (No.)

Registration District No. 571
 Primary Registration District No. 4335

File No.
 Registered No. 29
 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 Male 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) Nov 2-1873
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 61 6 7

OCCUPATION

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

MOTHER FATHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticau Co13. NAME Levin Scott14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia15. MAIDEN NAME Narcissa Comer16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio17. INFORMANT (ADDRESS) Mrs. John Scott mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Cem DATE 5/10 193519. UNDERTAKER (ADDRESS) Bellevue Funeral Home mo20. FILED 5-11-1935 H.R. Popejoy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-9-193522. I HEREBY CERTIFY, That I attended deceased from 4-16-1935 to 5-9-1935I last saw him alive on 4-9-1935 Death is saidto have occurred on the date stated above, at 12:34 a.m.

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

Pulmonary Tuberculosis

Date of onset

Other contributory causes of importance:

Acute nephritisName of operation None Date of What test confirmed diagnosis? Physiologic Was there an autopsy? No23. 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? NoIf so, specify (Signed) H.R. Popejoy, M. D.(Address) California

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.

