

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

Do not use this space.

**13303**

1. PLACE OF DEATH  
 68 County Monteau Co Registration District No. 517  
 Township Pilot Grove Primary Registration District No. 5-775-  
 City Latham (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Margaret Louisa Scott  
 (a) Residence, No. Latham MO 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.

File No. \_\_\_\_\_  
 Registered No. 8  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J A Scott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 29 - 1857

7. AGE YEARS 74 MONTHS 17 DAYS 20 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. none  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) High Point (STATE OR COUNTRY) Monteau Co MO

FATHER  
 13. NAME J A Latham  
 14. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY) ?

MOTHER  
 15. MAIDEN NAME Sarah Dunlap  
 16. BIRTHPLACE (CITY OR TOWN) Tennessee (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Martha M Robertson (ADDRESS) \_\_\_\_\_  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Latham Cemetery DATE Apr 20 1932  
 19. UNDERTAKER Williams & Goodness (ADDRESS) \_\_\_\_\_  
 20. FILED April 28 1932 J M Robertson Registrar.

**MEDICAL CERTIFICATE OF DEATH**

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 19 1932

2. I HEREBY CERTIFY, That I attended deceased from 2 years, 19\_\_\_\_, to in all 2 years, 19\_\_\_\_. I last saw h. f. alive on April 19 1932. Death is said to have occurred on the date stated above, at 1:30 am. The principal cause of death and related causes of importance were as follows:  
Pulmonary Tuberculosis Date of onset unknown  
23A 23

Other contributory causes of importance:  
g (D)

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 \_\_\_\_\_  
 (Signed) J M Robertson, M. D.  
 (Address) Latham 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.

MAY 20 1932

