

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

Do not use this space.

41809

1931
6616

1. PLACE OF DEATH

County Phelps Registration District No. 677
Township Rolla Primary Registration District No. 4403
City Rolla (No. _____) St. _____ Ward _____

File No. _____
Registered No. 122

2. FULL NAME Frank M. Scott

(a) Residence, No. Rolla, Mo St. _____ Ward _____
(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 13, 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
18, 2 2 X

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

12. BIRTHPLACE (CITY OR TOWN) Winkler, Mo
(STATE OR COUNTRY)

13. NAME John Scott

14. BIRTHPLACE (CITY OR TOWN) Phelps Co
(STATE OR COUNTRY) Mo

15. MAIDEN NAME Mary E Clayton

16. BIRTHPLACE (CITY OR TOWN) Phelps Co
(STATE OR COUNTRY) Mo

17. INFORMANT John Scott
(ADDRESS) Rolla, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Asher, Phelps Co DATE 12/14/31

19. UNDERTAKER Null and Licklider
(ADDRESS) Rolla, Mo

20. FILED Dec. 14, 1931 Geo. F. Ayers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1931 to Dec. 13, 1931

I last saw him alive on Dec. 13, 1931. Death is said to have occurred on the date stated above, at 10 A.M.

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

Plurisy with effusion
109
110
157 B 110

Other contributory causes of importance:
Access: Pus having formed, was drained

Name of operation Thorotomy Date of Dec 3
What test confirmed diagnosis? _____ Was there an autopsy? No

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) Geo. W. Hanson M. D.
(Address) Rolla 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.

SECRET

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Shelby
Township Polka
City Polka (No.) St. Ward

Registration District No. 677
Primary Registration District No. 440.3

File No.
Registered No. 122
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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19.....

19. UNDERTAKER (ADDRESS)

20. FILED 19.....

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 13, 1931

22. I HEREBY CERTIFY, That I attended deceased from

....., to 19.....

I last saw h..... alive on 19..... 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:

Relapsing with effusion
pleurisy with effusion
thorax following
lobar pneumonia

Date of onset

Other contributory causes of importance:

abscess - pus having
formed & was drained

Name of operation 108 Date of 19.....

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), M. D.

(Address)

should be stated EXACTLY PHYSICIANS should state Exact statement of OCCUPATION is very important

led ty (

CAU. .

THEY ARE COMPLETE AS PRESCRIBED BY LAW

AT

REGISTRARS SHALL NOT RECEIVE A FEE FOR C

SUPPLEMENTARY

6081h-5