

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

Do not use this space.

11185

1. PLACE OF DEATH
 92 County Saline Registration District No. 796
 5 Township _____ Primary Registration District No. 3038
 7 City Marshall, Mo. (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 31

2. FULL NAME Mary Elizabeth 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 8, 1891</u>		
7. AGE	YEARS	MONTHS
<u>29</u>	<u>9</u>	<u>4</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housekeeper</u>		
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) <u>Shelbyville Ky.</u>		
13. NAME <u>James Gibson</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Shelbyville Ky.</u>		
15. MAIDEN NAME <u>Melita Wilson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>		
17. INFORMANT <u>Celia Cartmill</u> (ADDRESS) <u>1845 Main, K.C. Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ridge Farm</u> DATE <u>Mar 15, 1932</u>		
19. UNDERTAKER <u>J. L. Surry</u> (ADDRESS) <u>Marshall, Mo.</u>		
20. FILED <u>3/16</u> 19 <u>32</u> <u>Mrs. John B. Moore</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 12 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-1-32 1932, to 3-13-32 1932

I last saw her alive on 3-12-32 1932. 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:
Sexuality
Paralysis. Apoplexy.

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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 _____, 1932
 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. P. Shelton, M. D.
 (Address) Marshall 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 29 1932

