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

Do not use this space.

File No. 40052-A
Registered No. 15

1. PLACE OF DEATH
County: Marion
Township: Warren
City: (No. , St. Ward)
Registration District No. 552
Primary Registration District No. 5745

2. FULL NAME: Laura May 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: E. T. Scott
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 6, 1888
7. AGE: Years 46 | Months 6 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Woodland, Mo.

FATHER
13. NAME: William H. Earhart
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri.

MOTHER
15. MAIDEN NAME: Laura Jacobs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri.

17. INFORMANT: E. T. Scott
(ADDRESS): ~~Philadelphia, Route #2.~~
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Greenwood Cem. DATE: Nov. 23, 1934
19. UNDERTAKER: Wilson & Son
(ADDRESS): Monroe City, Mo.
20. FILED: 11/23, 1934 Mrs. Alta V. Wagner Reg.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 22, 1934
22. I HEREBY CERTIFY, That I attended deceased from Nov. 21st, 1934 to Nov. 21st, 1934
I last saw her alive on Nov. 21st, 1934. Death is said to have occurred on the date stated above, at 12:20 A. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy	
62A	

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?
If so, specify

(Signed) Dr. C. E. Shriver, M. D.
(Address) Philadelphia, 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.