

APR 22 1937

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

Do not use this space.

1. PLACE OF DEATH

County Thiessippi Registration District No. 5766 File No. 12659
Township Franklin Primary Registration District No. 5766 Registered No. 67
City Charleston (No. 3030) St. _____ Ward _____

2. FULL NAME

Dallie Scott
(a) Residence, No. Locust St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 72 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

MEDICAL CERTIFICATE OF DEATH 8:50 P.M.

3. SEX F 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
Near 72

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home
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) Morganfield Ky.

FATHER
13. NAME Law Newcum

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

MOTHER
15. MAIDEN NAME Evelyn Pearson

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

17. INFORMANT Marshall Newcum
(ADDRESS) 312 Cypress Charleston

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Grove DATE March 24 37

19. UNDERTAKER Frank Linn Funeral Service
(ADDRESS) Charleston W. Va.

20. FILED 3-24-37 F. J. Vernon
Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23 1937

22. I HEREBY CERTIFY, That I attended deceased from March 21, 1937 to March 23, 1937
I last saw him alive on March 21, 1937 Death is said to have occurred on the date stated above, at 8:50 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage
Paralysis
Stroke
Other contributory causes of importance:
Seridity
Date of onset _____

Name of operation _____ Date of _____

What test confirmed diagnosis? C. S. System Was there an autopsy? _____

23. If death was due to external cause (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) A. Marshall, M.D.

(Address) Charleston W. Va.

