

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.

JUN 22 1937

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

Do not use this space.

20349

1. PLACE OF DEATH

County Jasper Registration District No. 408
Township _____ Primary Registration District No. 3020
City Carthage (No. 605. Budlong) St. _____ Ward _____

2. FULL NAME

Mable Scott
(a) Residence, No. 1228 Jersey St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 35 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 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 William E. Scott
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 30, 1872
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 4 19

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) Boyunville Missouri

13. NAME Charles T. Spear

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

15. MAIDEN NAME Sarah Wilson

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

17. INFORMANT Claude E. Scott (ADDRESS) Carthage, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Avilla Cemetery DATE May 20, 1937

19. UNDERTAKER Ulmer Funeral Home (ADDRESS) Carthage, Missouri

20. FILED May 18, 1937 S. B. C. Gibson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18, 1937

22. I HEREBY CERTIFY That I attended deceased from incl 32 to May 18 1937
I last saw h. ER. alive on May 18 1937 Death is said to have occurred on the date stated above, at 10:20pm
The principal cause of death and related causes of importance were as follows:

Heart failure - due to myocardial degeneration - Mitral disease leading to acute dilatation.

Other contributory causes of importance: Diabetes Chronic Nephritis of many years standing

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 _____, 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 _____ M. D.

(Signed) A. Cordonnier (Address) Carthage Mo

