JUN 29 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Saline
Township: Blackwater
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 798
Primary Registration District No. 6042

File No. 21451
Registered No. .....

2. FULL NAME: Emma Thressa Van Dyke 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): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: James J. Scott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 29, 1847

7. AGE: Years 89 | Months 8 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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): Princeton, New Jersey

FATHER
13. NAME: Mathew VanDyke
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Princeton, New Jersey

MOTHER
15. MAIDEN NAME: Anna Louise Napton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Princeton, New Jersey

17. INFORMANT: Jamie Scott
(ADDRESS): Marshall, Mo. Route 7 I.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ridge Park DATE: Feb. 5th, 1937

19. UNDERTAKER: P. N. Campbell
(ADDRESS): Marshall, Mo.

20. FILED: June 15 1937 E. L. Chiswell, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb 2 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1934 to Feb 2 1937
I last saw ~~her~~ alive on Feb 2 1937. Death is said to have occurred on the date stated above, at 5:35 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arterial Sclerosis	1930

Other contributory causes of importance: None

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 .....
(Signed) H. Simmons, M. D.
(Address) Marshall 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.