

DEC'D JUL 17 1938

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

Dr. Wm. L. ...
22614
Do not use this space.

1. PLACE OF DEATH

(a) County Pemiscot Registration District No. 656
(b) Township Holland Primary Registration District No. 6787
(c) City Holland (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Faria Lafay Scott

(a) Residence, No. Holland Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 23, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Infant
9. Industry or business in which work was done, as 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) Holland (STATE OR COUNTRY) Mo.

FATHER 13. NAME Gasa Scott
14. BIRTHPLACE (CITY OR TOWN) New Albany (STATE OR COUNTRY) Miss

MOTHER 15. MAIDEN NAME Mildred Day
16. BIRTHPLACE (CITY OR TOWN) McFarren (STATE OR COUNTRY) Ark.

17. INFORMANT Gasa Scott (ADDRESS) Holland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Zipn Cemetery DATE 6/24, 1938

19. FUNERAL DIRECTOR German Undt. Co. (ADDRESS) Steele, Mo.

20. FILED 7-15, 1938 Tom Bugare Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1938

I HEREBY CERTIFY That I attended deceased from June 23, 1938, to June 23, 1938

Last saw her alive on 6-23, 1938. Death is said to have occurred on the date stated above, at 7:30 m.

The principal cause of death, and related causes of importance were as follows:

Dust from
Roof structure

Date of onset

Other contributory causes of importance: 159

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 _____, 1938

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. Wm. L. ..., M. D.

(Address) Holland Mo

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)