

SFP 21 1938

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

28724  
Do not use this space.

1. PLACE OF DEATH <sup>2</sup>  
(a) County Cooper Registration District No. 222  
(b) Township Pilot Grove Primary Registration District No. 4135 Registered No. 8  
(c) City Pilot Grove (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred 4 yrs. 0 mos. 0 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds. \_\_\_\_\_

2. PRINT FULL NAME Burd Smith Scott 380  
(a) Residence, No. Pilot Grove, 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William A. Scott  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 18-1864  
7. AGE YEARS 74 MONTHS 6 DAYS 27 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
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) June 1, 1938 11. Total time (years) spent in this occupation 50  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pisgah Missouri  
13. NAME John J. Smith  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Kentucky  
15. MAIDEN NAME Margaret Guger  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Kentucky  
17. INFORMANT (ADDRESS) Mrs. Dora Long Pilot Grove Mo  
18. BURIAL, CREMATION OR REMOVAL PLACE Pilot Grove DATE 8-11-38  
19. FUNERAL DIRECTOR (ADDRESS) Stays + Stecklein Pilot Grove Mo  
20. FILED 8-11-1938 Mrs. E. B. McCutcheon Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 9, 1938  
22. I HEREBY CERTIFY, That I attended deceased from July 19, 1938 to Aug 9, 1938  
I last saw him alive on Aug 9, 1938. Death is said to have occurred on the date stated above, at 11:50 a.m.  
The principal cause of death and related causes of importance were as follows:  
Myocarditis about 3 days  
9:25  
Other contributory causes of importance: arteriosclerosis and previous breast operation 10 yrs. before  
Name of operation Removal of breast, from auto accident Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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 no  
Nature of injury none  
24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify Chas. Hardy, M. D.  
(Signed) Pilot Grove Mo (Address) \_\_\_\_\_

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.

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RECEIVED  
District Health Officer No. 8  
District File Number  
Date Filed 8E/2/38

STATEMENT BY LICENSED EMBALMER

I, Joe Mayo, Licensed Embalmer No. 3074  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Joe Mayo  
L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Joe Mayo  
Licensed Embalmer No. 3074

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.)