

REC'D SEP 20 1938

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

29078

Do not use this space.

1. PLACE OF DEATH

(a) County JACKSON Registration District No. 396
(b) Township PT. OSAGE Primary Registration District No. 4233 Registered No. _____
(c) City BUCKNER (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred 13 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mrs. Lizzia Galyon Scott

(a) Residence, No. Buckner Missouri 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 10. 1855

7. AGE YEARS 82 MONTHS 8 DAYS 9 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housekeeper
9. Industry or business in which work was done, as saw mill, bank, etc. her home
10. Date deceased last worked at this occupation (month and year) 1937 11. Total time (years) spent in this occupation 65

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rone County Tenn.

FATHER 13. NAME Abraham Galyon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rone County Tenn.

MOTHER 15. NAME Martha Ellen Ester

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rone County Tenn.

17. INFORMANT (ADDRESS) Mr. Simeon Scott Buckner Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lynn Creek Mo. DATE Aug. 21/38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) V.M. Reppert. Buckner Mo.

20. FILED Aug 20 1938 John W. Robertson Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 19. 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 16, 1937, to Aug. 19, 1938. I last saw her alive on Aug. 19, 1938. Death is said to have occurred on the date stated above, at 9 AM. The principal cause of death and related causes of importance were as follows:

Hypertatic
Pneumonia
93C
Other contributory causes of importance: myocardial Regeneration

Name of operation X 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 _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) V. W. Higgins
(Address) BUCKNER MO.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

V.M.Reppert

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

V.M. Reppert

Missouri Licensed Embalmer No. **No2321.**

P. O. Address **Buckner Missouri.**

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

If this body is not embalmed, above space should be left blank.