

AUG 6 1938

REC'D SEP 9 1938

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

29981  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 284  
(b) Township St. Ferdinand Primary Registration District No. 200  
(c) City Winlock (d) Street No. \_\_\_\_\_ Registered No. 1315  
(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

CLARA S. Scott  
(a) Residence, No. 2 Keniloch Mrs. - x Monroe St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Scott  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 23, 1900  
7. AGE YEARS 38 MONTHS 6 DAYS 9 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as saw mill, bank, etc. housewife  
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) Newport Ark.

FATHER 13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nashville Tenn.

MOTHER 15. MAIDEN NAME Della Craven

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Craven Tenn.

17. INFORMANT (ADDRESS) Tom Scott #7 Monroe St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park Aug 6, 1938

19. FUNERAL DIRECTOR (ADDRESS) Boyd's Bur. & Funeral Rix + Hays St.

20. FILE NO. AUG 6 1938 T. R. Meyer M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 1, 1938  
22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1935, to Aug 1, 1938  
I last saw him alive on Aug 1, 1938. Death is said to have occurred on the date stated above, at 1:20 p.m.  
The principal cause of death and related causes of importance were as follows:

About Nov-1937 Chronic Myocarditis

Other contributory causes of importance: Arteriosclerosis

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 \_\_\_\_\_, 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_ (Signed) S. Keniloch Mrs, M. D.  
(Address) \_\_\_\_\_

WHITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Louis V. Atkins, Licensed Embalmer No. 2842

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

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Louis V. Atkins

Licensed Embalmer No. 2842

**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.)**