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.

REC'D FEB 10 1939

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

Do not use this space.

791

1003

986

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. 986

Township ..... Primary Registration District No. ..... Registered No. 986

City St. Louis Missouri (No. Missouri Bap ist Hospital St. ..... Ward)

2. FULL NAME Anna Mae Scott

(a) Residence, No. ..... St., N.R. Ward. Crystal City Mo
(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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Unknown

7. AGE: About 45 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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): Hendrickson Missouri 0

FATHER

13. NAME: Thomas Casey 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hendrickson Missouri 0

MOTHER

15. MAIDEN NAME: Maggie Dalton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk own Missouri

17. INFORMANT (ADDRESS): Preston Scott Crystal City Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Crystal City Mo. DATE Feb. 1, 1939

19. UNDERTAKER (ADDRESS): Albert H. Hoppe Inc. 4700 Washington Blvd.

20. FILED JAN 31 1939 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 28th 1939 to Jan 30, 1939
I last saw her alive on Jan 30, 1939. Death is said to have occurred on the date stated above, at 7 10 p.m.
The principal cause of death and related causes of importance were as follows:

Pulmonary Emboli — Date of onset

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Other contributory causes of importance: Infection of abdominal wall

Name of operation appendectomy Date of 1/28/39
What test confirmed diagnosis? autopsy Was there an autopsy? yes

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) Hudson Talbott, M. D.
(Address) Metrop Bldg St. Louis Mo

[illegible]