

APR 19 1939

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

11590
Do not use this space.

1. PLACE OF DEATH

(a) County Miller Registration District No. 562
(b) Township Richwoods Primary Registration District No. 5757
(c) City Hanesek, Mo. R. (d) Street No. _____ St.
(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. da.

2. PRINT FULL NAME

(a) Residence, No. William Henderson Scott
Miller County, 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rosie Lee Scott</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar. 22-1861</u>		
7. AGE YEARS <u>77</u>	MONTHS <u>11</u>	DAYS <u>14</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Farm</u>		
10. Date deceased last worked at this occupation (month and year) <u>1937</u>		11. Total time (years) spent in this occupation <u>50</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion County, Mo.</u>		
13. NAME <u>William Henry Scott</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>		
15. MAIDEN NAME <u>Mary Smithers</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Oliver Lee</u> <u>Hanesek, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL (PLACE) DATE <u>Funerary, Hanesek, Mo.</u> <u>3/6-39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Elbaey</u> <u>Iberia, Mo.</u>		
20. FILED <u>Apr 8 1939</u> <u>Mr. W. D. Green</u> <u>Local Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/5-1939

22. I HEREBY CERTIFY, That I attended deceased from 2/7-1939 to 3/5-1939
I last saw him alive on 2/15-1939. Death is said to have occurred on the date stated above, at 10:09 a.m.
The principal cause of death and related causes of importance were as follows:
Pneumonia Date of onset _____
Other contributory causes of importance: 1074

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) W. D. Green M. D.
(Address) Iberia, Mo.

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.

RECEIVED

Miller County Health Dep't.

County File Number 34-50

Date Filed 4-12-39

Deane

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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

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