

1939 APR 21 1939

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

12585  
Do not use this space.

1. PLACE OF DEATH

(a) County Taney Registration District No. 859  
(b) Township Branson Primary Registration District No. 6128  
(c) City \_\_\_\_\_ or \_\_\_\_\_ (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 7 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 380 Lera Maude Scott St.  (If nonresident, give city or town and State)  
Taney County (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</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>Wilson Scott</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 27 1869</u>		
7. AGE YEARS <u>69</u>	MONTHS <u>11</u>	DAYS <u>28</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>farm wife</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Berryville, Ark.</u>		
FATHER	13. NAME <u>J. Gibson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Berryville, Ark.</u>	
MOTHER	15. MAIDEN NAME <u>Virginia Thorne</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>West Virginia</u>	
17. INFORMANT (ADDRESS) <u>Reed Springs, Mo. Winfred J. Scott</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Branson First</u> DATE <u>4-1</u> 19 <u>39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>John H. Baxter</u>		
20. FILED <u>3/31</u> 19 <u>39</u> <u>John H. Baxter</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 31 1939

22. I HEREBY CERTIFY, That I attended deceased from March 30 1939, to \_\_\_\_\_, 19\_\_\_\_

I last saw her alive on March 30 1939. Death is said to have occurred on the date stated above, at 11 A.M. March 31. The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset  
March 30

Other contributory causes of importance:

Name of operation \_\_\_\_\_ 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) W. W. Lohr D.O. M. D.  
(Address) Branson, 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.

WHILE I LIVE, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1 X12603

RECEIVED

District Health Officer No. 6,

District File Number 6-29-721

Date Filed APR 4 1939

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**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.**