

1939 JUN 24 1939

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

18455  
Do not use this space.

1. PLACE OF DEATH

(a) County Cass Registration District No. 211  
(b) Township Mason Primary Registration District No. 5291 Registered No. 4  
(c) City \_\_\_\_\_ (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. ds.

2. PRINT FULL NAME

(a) Residence, No. 300 Lena Vivian Scott St. Elston, Mo.  
(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Perry J. Scott  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1904  
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 35 0 10  
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.  
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) Missouri  
13. NAME Davis Alexander  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
15. MAIDEN NAME Addie Stealy  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
17. INFORMANT (ADDRESS) Perry J. Scott, Elston, Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Elston Cem. DATE 5/26 1939  
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Tamer Service, Jefferson City, Mo.  
20. FILED May 26 39 H. T. Search Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1939  
2. I HEREBY CERTIFY, That I attended deceased from January 16, 1939 to May 24, 1939  
I last saw her alive on May 23, 1939. Death is said to have occurred on the date stated above, at 8:30 a.m.  
The principal cause of death and related causes of importance were as follows:  
Cancer of Uterus  
Date of onset 2 or 3 yrs. ago  
Other contributory causes of importance:  
Treated at Bangor Cancer Hospital, St. Louis  
Name of operation Hysterectomy  
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 H. T. Search, M. D., Elston, 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.

**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, .....

*D. M. Davis*

....., or by .....

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

Signed.....

*D. M. Davis*

Licensed Embalmer No.....

*3741*

P. O. Address.....

*Jefferson city*

**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.**