

1939 JUL 13 1939

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

21532  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Boone Registration District No. 75  
 (b) Township Perchie Primary Registration District No. 2-114  
 or  
 (c) City ..... (d) Street No. Rural Route 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Mrs Edna Scott  
 (a) Residence, No. Route St.  (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 Holland Scott  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31-1883  
 7. AGE YEARS 55 MONTHS 10 DAYS 3 If LESS than 1 day, ..... hrs. or ..... min.  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
 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) Boonville Mo  
 FATHER  
 13. NAME Edward Leighton  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Franklin Mo  
 MOTHER  
 15. MAIDEN NAME Barrie Slonaway  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia  
 17. INFORMANT (ADDRESS) Holland Scott  
Columbia Mo  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Boonville Mo DATE June 5 1939  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Goodman & Dally  
Boonville Mo  
 20. FILED 6-10-1939 Mrs. H. Gullett Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3 1939  
 22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
 I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 9 a. m.  
 The principal cause of death and related causes of importance were as follows:  
acute dilatation of heart  
 Other contributory causes of importance: as above  
 Date of onset  
 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? 4  
 If so, specify MR. Jacobson (Signed) W. B.  
 (Address) 20 N 9 St.

WRITE 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.

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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.....

*J. H. Goodman*

Licensed Embalmer No. *1178*

P. O. Address

*Boonville Mo.*

**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.**