

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

27048
Do not use this space.

REC'D AUG 19 1939

1. PLACE OF DEATH
 (a) County Sullivan Registration District No. 852
 (b) Township Jackson Primary Registration District No. 6124
 (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 Martha Alice Scobee
 (a) Residence, No. _____ 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED W
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geo W. Scobee
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 8 - 1852
 7. AGE YEARS 87 MONTHS 5 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home work
 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) Putnam Co. Mo.
 FATHER 13. NAME Wm. Montgomery
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virg
 MOTHER 15. MAIDEN NAME Lana Dale
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ker.
 17. INFORMANT (ADDRESS) John Scobee
Pollock Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Scobee Cem DATE July 26 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) J. C. Potate
Amosville, Mo.
 20. FILED Aug 9 1939 Geo Hagan
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 1939
 22. I HEREBY CERTIFY That I attended deceased from July 18 1939 to July 26 1939
 I last saw her alive on July 23 1939 Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
Endocarditis
 Date of onset 7/20/39
9/11
 Other contributory causes of importance:
Secondary anemia 3 mon.
strenuous work of farm 7/25/39
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Phys & Chem 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) J. C. Potate, M. D.
 (Address) Pollock, 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 PLAINLY WRITTEN, WITH UNBOLDING INK THIS IS A PERMANENT RECORD

-1 X1605

RECEIVED

District Health Officer No. 10

District File Number 8-29-1465

Date Filed AUG 10 1939

STATEMENT BY LICENSED EMBALMER

not

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.