

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

31452
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson / Registration District No. 399
 (b) Township Kaw / Primary Registration District No. 100
 (c) City Kansas City, Mo. / (d) Street No. St. Joseph Hospital 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

300 Mrs. Nellie Scott,
 (a) Residence, No. 5036 Michigan, 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. W. Scott
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 29, 1876
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 0 9
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 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) Kansas Indiana

FATHER 13. NAME J. W. Stewart
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Julia Curtis
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. Ruth Strong
 (ADDRESS) 5035 Michigan, Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Moriah, DATE Sept. 11, 1939

19. FUNERAL DIRECTOR (NAME) Stine & McClure
 (ADDRESS) 3235 Gillham Plaza, K. C., Mo.

20. FILED 9/10, 1939 M. M. Crowe
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 8, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 28, 1939, to Sept 8, 1939
 I last saw her alive on Sept 8, 1939 Death is said to have occurred on the date stated above, at 7:50 P.m.
 The principal cause of death and related causes of importance were as follows:

Pulmonary edema and Chronic myocardial degeneration & exhaustion. Date of onset 5?

Other contributory causes of importance Carcinoma Left Breast Primary Carcinoma Metastases lungs

Name of operation None Date of
 What test confirmed diagnosis? Laboratory Was there an autopsy? Yes

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) [Signature], M. D.
 (Address) 1019 Prof. Bell

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.

OCT 18 1939

Dr. R. T. Hoffman,

Pa 10-1-22

Prof 13-1-22

until 3:30

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 S. J. Allen

Licensed Embalmer No. 1415

P. O. Address ACMo

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.