

6 cert as right

FILED FEB 7 1940

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

3305
Do not use this space.

1. PLACE OF DEATH
 (a) County Pattis Registration District No. 668
 (b) Township 0 Primary Registration District No. 4399
 (c) City Hughesville Mo. (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 Harmon T. Scott
 (a) Residence, No. Hughesville St.
 (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 Male 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 Ida Jane Scott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 17, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>78</u>	<u>2</u>	<u>2</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 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) Texas

FATHER
 13. NAME William J. Scott
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unkown

MOTHER
 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT Mrs. H. T. Scott
 (ADDRESS) Hughesville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE High Point DATE Jan. 21, 1940,

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gillespie Funeral Home
Sedalia, Mo.

20. FILED Jan 23, 1940 Mrs. Harry Sneed
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19, 1940, 1940

22. I HEREBY CERTIFY, That I attended deceased from April 1, to Jan 19, 1940 Jan 19, 1940, 1940
 I last saw him alive on Jan 19, 1940 Death is said to have occurred on the date stated above, at 6:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Valvular lesions of
Myopathy of heart
Was sick about 1 year
 Date of onset _____

Other contributory causes of importance:
Propryical effusion
Cardiac hypertrophy
Phy

Name of operation none Date of _____
 What test confirmed diagnosis? none 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) G. P. Gartwright M. D.
 (Address) Hughesville 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.

RECEIVED
District Health Officer No. 8,
District File Number 17/40
Date Filed

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 L. E. Boulchin

Licensed Embalmer No. 3867

P. O. Address Sudavia 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.