

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.

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

Do not use this space.

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1. PLACE OF DEATH

County Marion
Township Union
City (No.)

Registration District No. 549
Primary Registration District No. 5742

File No.
Registered No. St. Ward

2. FULL NAME Alice M. Scott

(a) Residence, No. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Charles B. Scott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 23, 1899

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 6 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, 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) Marion County (STATE OR COUNTRY) Missouri

13. NAME Dabney Bowles

14. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY)

15. MAIDEN NAME Bertha Tyler

16. BIRTHPLACE (CITY OR TOWN) Virginia (STATE OR COUNTRY)

17. INFORMANT Charles B. Scott (ADDRESS) Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Emonson, Mo. DATE 12/11/32

19. UNDERTAKER Lewis Bros (ADDRESS) Palmyra, Mo.

20. FILED Dec 10, 1932 Mrs. C. F. Tilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 8, 1932, to Dec 9, 1932

I last saw her alive on Dec 9, 1932. Death is said to have occurred on the date stated above, at 10:16 a.m.

The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

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 (3)
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) Phys. Emonson H. O. (Address) Palmyra Mo

