

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

Do not use this space.

6083

**1. PLACE OF DEATH**

County Ray Co Mo  
Township Ornick  
City Ornick (No. ....)

Registration District No. 743  
Primary Registration District No. 4445

File No. ....  
Registered No. 4  
St. .... Ward

**2. FULL NAME** Harnett Catherine Scott

(a) Residence, No. .... St. .... Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

**4. COLOR OR RACE**

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

Female White Married

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF**

Silas Scott

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** 2-7-1861

**7. AGE**

YEARS	MONTHS	DAYS	If LESS than 1 day, .... hrs. or .... min.
69	0	9	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Ray Co Mo

**10. NAME OF FATHER**

Samuel Tarwater

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY) Tenn

**12. MAIDEN NAME OF MOTHER**

Betsy Lewis

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY) Ray Co Mo

**14. INFORMANT**

Mrs L. E. Ellis  
(Address) Ornick Mo

**15. FILED**

2-17-30 L. E. Ellis  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 2-16 1930

**17. I HEREBY CERTIFY**, That I attended deceased from Jan 1, 1928, to Feb 16, 1930, that I last saw her alive on Feb 16, 1930, and that death occurred, on the date stated above, at 12-35 a. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic Valvular Heart disease  
95A

(duration) 2 yrs. mos. ds.

**CONTRIBUTORY (SECONDARY)**

90A

(duration) .... yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH no

DID AN OPERATION PRECEDE DEATH? no DATE OF v

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical

(Signed) L. E. Ellis, M. D.

2-17, 1930 (Address) Ornick Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

**19. PLACE OF BURIAL, CREMATION, OR REMOVAL**

**DATE OF BURIAL**

Riffe Crest 2 17 1930

**20. UNDERTAKER**

**ADDRESS**

Ch. Liban Ornick 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.

MAR 28 1930

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