

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

Do not use this space.

10262

1. PLACE OF DEATH

County Ray Co Mo
Township Orwich
City Orwich (No.) St. Ward)

Registration District No. 743
Primary Registration District No. 5974

File No.
Registered No. 19

2. FULL NAME

Sycha E 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11/11/1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 4 18

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Clay Co Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Chas Scott

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ray
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Ann Clinger

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ray Co Mo
(STATE OR COUNTRY)

14. INFORMANT Richard Scott
(Address) Orwich Mo

15. FILED Apr 20 1928 L. E. Ellis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/29 1928

17. I HEREBY CERTIFY, That I attended deceased from 19....., to 19..... that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at 10:20 P m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Propose, Shock Lesion
cause of death unknown
to me, I arrived oris
hour after death (duration) 2 hrs.

CONTRIBUTORY

(SECONDARY) 95% (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed) Robt. D. Street, M. D.

, 19 (Address) Orwich 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

Prisk Cemetery - How 3/31 1928

20. UNDERTAKER

C. V. Gibson

ADDRESS

Orwich 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.

THIS IS A PERMANENT RECORD

28 1928

