

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

PLACE OF DEATH

County \_\_\_\_\_

Township \_\_\_\_\_

Village \_\_\_\_\_

City St. Louis

Registration District No. 791

Primary Registration District No. 1003

(NO. 1704 Goode Av St. 76 Ward)

File No. 11000

Registered No. 2147

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Serena Scott

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE Cald. SINGLE MARRIED Married  
WIDOWED OR DIVORCED  
(If wife the word)

DATE OF DEATH Feb. 29<sup>th</sup>, 1912  
(Month) (Day) (Year)

DATE OF BIRTH Nov. 15<sup>th</sup>, 1868  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept. 15, 1911, to Feb. 29, 1912, that I last saw her alive on Feb. 29, 1912, and that death occurred, on the date stated above, at 11:45 P.M.

AGE 43 yrs. 3 mos. 14 ds. IF LESS than 1 day, \_\_\_ hrs. or \_\_\_ min.?

The CAUSE OF DEATH\* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work Laundress  
(b) General nature of industry, business, or establishment in which employed (or employer) Private family

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131  
1912 (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

BIRTHPLACE (City or town, State or foreign country) 9-3rd Mo.

Contributory Chronic Paren - Nephritis  
(SECONDARY) (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

NAME OF FATHER James Harper

(Signed) W. L. L. Moore M. D.  
Mar 3, 1912 (Address) 3747 S. Jefferson

BIRTHPLACE OF FATHER (City or town, State or foreign country) Ky

MAIDEN NAME OF MOTHER Frances Johnson

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Ky

\* State the Disease Causing Death, or, in deaths from violent causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jennett Scott  
(ADDRESS) 1704 Goode Av

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the State \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Where was disease contracted if not at place of death?

Former or usual residence \_\_\_\_\_

Filed MAR -1 1912 Mar 6 Starkloff REGISTERAR

PLACE OF BURIAL OR REMOVAL Greenwood DATE OF BURIAL Mar 4, 1912

UNDERTAKER Harrison McKain ADDRESS 2906 Lantion

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.

