

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

PLACE OF DEATH ✓
 County _____
 Township _____ Registration District No. 791 File No. 3680
 or _____
 Village _____ Primary Registration District No. 1003 Registered No. 1044
 or _____
 City St. Louis (NO. Bethesda Hospital St. 16 Ward)

FULL NAME George J. Scott

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

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>White</u>	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word) <u>Widower</u>
DATE OF BIRTH <u>Feb.</u> <u>15</u> , <u>1835</u> (Month) (Day) (Year)		
AGE <u>77</u> yrs. <u>16</u> mos. <u>16</u> ds.		If LESS than 1 day, ___ hrs. or ___ min.?

OCCUPATION
 (a) Trade, profession, or particular kind of work None ✓
 (b) General nature of industry, business, or establishment in which employed (or employer) 9-44

BIRTHPLACE
 (City or town, State or foreign country) St. Louis Mo

PARENTS	NAME OF FATHER <u>John R. Scott</u>
	BIRTHPLACE OF FATHER (City or town, State or foreign country) <u>New York</u>
	MAIDEN NAME OF MOTHER <u>Cath. L. O'Neil</u>
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) <u>St. Louis</u>

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Rebecca S. Woodward
 (ADDRESS) 4475 W. Bell

Filed JAN 30 1913 Max Starkloff
 1913 REGISTERAR

3 MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH _____
 _____, 29, 1913
 (Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Mar. 10, 1913, to 1. 29, 1913, that I last saw him alive on 1. 29, 1913, and that death occurred, on the date stated above, at 10:30 a.m.

The CAUSE OF DEATH* was as follows:
Cerebral Hemorrhage
due to arterio-sclerosis
82A
97

(Duration) _____ yrs. _____ mos. _____ ds.
 Contributory Scrub
 (SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Francis P. Ricketts M. D.
Jan. 29, 1913 (Address) Bethesda Hospital

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

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
 At place of death 1 yrs. 7 mos. 9 ds. In the State _____ yrs. _____ mos. _____ ds.
 Where was disease contracted if not at place of death?
 Former or usual residence Ferguson Mo.

PLACE OF BURIAL OR REMOVAL <u>Crematory</u>	DATE OF BURIAL <u>Jan 31 1913</u>
UNDERTAKER <u>Geo. H. Lynch</u>	ADDRESS <u>4229 Olive</u>

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*, *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary fireman*, etc. But in many cases especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Bronchopneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs*, *meninges*, *peritoneum*, etc., *Carcinoma*, *Sarcoma*, etc. of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*;

Whooping cough; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), *29 ds.*; *Bronchopneumonia* (secondary), *10 ds.* Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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.

PLACE OF DEATH

County _____

Township _____

Village _____

City St. Louis (NO. Bethesda Hosp.)

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Registration District No. 791

File No. _____

Primary Registration District No. 1003

Registered No. 1044

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

FULL NAME George F. Scott

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>male</u>	COLOR OR RACE <u>white</u>	SINGLE MARRIED WIDOWED OR DIVORCED <u>widower</u> <small>(Write the word)</small>
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DATE OF BIRTH Feb. 15, 1835
(Month) (Day) (Year)

AGE 77 yrs. 16 mos. 14 ds. If LESS than 1 day, ___ hrs. or ___ min.?

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

BIRTHPLACE
(City or town, State or foreign country) St. Louis, Mo.

NAME OF FATHER John T. Scott

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

MAIDEN NAME OF MOTHER Cathy L. O'Neil

BIRTHPLACE OF MOTHER
(City or town, State or foreign country) St. Louis

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Rebecca Schmitz

(ADDRESS) 4475 W. Bell

Filed 3-28 1913, 9.4 Ames Mo.
DEPUTY REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 1-29, 1913
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Nov. 10, 1912, to 1-29, 1913, that I last saw him alive on 1-29, 1913, and that death occurred, on the date stated above, at 10:30 a. m.

The CAUSE OF DEATH* was as follows:
Cerebral hemorrhage due to arteric sclerosis

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) Senility

(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) Francis R. Ritchie M. D.
Jan. 29, 1913 (Address) Bethesda Hosp.

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

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 _____

PLACE OF BURIAL OR REMOVAL Crematory

DATE OF BURIAL Jan. 31, 1913

UNDERTAKER Geo. W. Lynch & Co. ADDRESS 4229 Olive

Original file, date JAN 1913 All information called for must be written on this Supplementary Certificate.

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health
Association]

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Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as *probably* such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

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