MAY 23 1927

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

Do not use this space.

11211

1. PLACE OF DEATH
County Chariton
Township Cockrell
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 175
Primary Registration District No. 5247

File No. .....
Registered No. 36

2. FULL NAME Arthur Gene 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: Mae
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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 24/27

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	1	5	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cottrell Tp
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Thos L. Scott
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Chariton Co Mo
12. MAIDEN NAME OF MOTHER Virlie Eastin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Chariton Co Mo

14. INFORMANT Mrs Virlie Scott
(Address) Salisbury Mo. Star Rt

15. FILED 4-30 1927 ~~J. D. McAdam~~ REGISTRAR
5/2/27 [signature]

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 29 1927

17. I HEREBY CERTIFY, That I attended deceased from Mar 24, 1927, to April 29, 1927, that I last saw him alive on Apr 29, 1927, and that death occurred, on the date stated above, at 11.15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Infantile Diarrhoea

113 B

(duration) ..... yrs. 1 mos. 0 ds.

CONTRIBUTORY (SECONDARY) Indigestion (Bottle Fed)

(duration) ..... yrs. 1 mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Signs

(Signed) J. D. McAdam, M. D
4-29, 1927 (Address), Prairie Hill - 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: McCurry Cem
DATE OF BURIAL: 4-30 1927

20. UNDERTAKER: J. W. Cartstead
ADDRESS: Prairie Hill 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.