SAN 4 1960

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

Do not use this space.

33276

1. PLACE OF DEATH
County Grundy — Registration District No. 330 — File No.
Township Trenton — Primary Registration District No. 3017 — Registered No.
City Trenton (No. ..... St. ..... Ward)

2. FULL NAME John Wesley Scott
(a) Residence. No. 815 E. 7th St., 4 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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) Dec 19-1865
7. AGE: Years 61, Months 11, Days 4. If LESS than 1 day, ... hrs. or ..... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Grocery
(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): Agency City Iowa

PARENTS
10. NAME OF FATHER: Joseph Scott
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Hancock County Indiana
12. MAIDEN NAME OF MOTHER: Mary Selby
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Shelby County Illinois

14. INFORMANT: Kemp Scott
(Address) Trenton Mo

15. FILED Nov 29, 1927 E. A. Duffy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 23 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 16, 1927, to Nov 23, 1927, that I last saw him alive on Nov 22, 1927, and that death occurred, on the date stated above, at 7 30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Obstruction Bowels
Enteritis
45 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Cancer Sigmoid
Short time (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Nov 16 '27
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. H. Winningham M.D.
Nov 29, 1927 (Address) Trenton 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: I.O.O.F. Cemetery Trenton — DATE OF BURIAL: 11/25 1927
20. UNDERTAKER: R. H. Hemley — ADDRESS: Trenton 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.