AR 17 1928

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

Do not use this space.

4328

1. PLACE OF DEATH
County Chariton — Registration District No. 173 — File No. 27/28
Township Wayland — Primary Registration District No. 5240 — Registered No.
City ..... (No. ..... St. ..... Ward)

2. FULL NAME John Columbus Scotten
(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: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 9, 1852

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
75	3	26	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer 92A 111B
(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) North Carolina

PARENTS
10. NAME OF FATHER William Scotten
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) North Carolina
12. MAIDEN NAME OF MOTHER Sofa Moon
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) North Carolina

14. INFORMANT Mrs. Julia Scotten
(Address) Salisbury R F D 2

15. FILED Feb 7, 1928 J. D. McAdam REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 5 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 4th, 1928, to Feb 5th, 1928, that I last saw him alive on Feb 5, 1928, and that death occurred, on the date stated above, at 3.15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Congestion of Lungs
90A
..... (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Valvular Insufficiency
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
0 DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) J. D. McAdam, M. D
2-7, 1928 (Address) Prairie Hill

*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: Asbury Chappel
DATE OF BURIAL: Feb 7 1928

20. UNDERTAKER: Andrew Minor
ADDRESS: Huntsville 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.