

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

Do not use this space.

7937

1. PLACE OF DEATH

County Buchanan
Township.....
City St. Joseph, Mo. (No.....)

Registration District No. 85
Primary Registration District No. 1001

File No.....
Registered No. 384
St. Ward)

2. FULL NAME

Robert Lee Scott
(a) Residence No. 2203 Sylwaria 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male 4. COLOR OR RACE: negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Scott

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 22 1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 10 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Meat inspector
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) North Carolina
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Scott
11. BIRTHPLACE OF FATHER (CITY OR TOWN) North C.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Elizabeth Bell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) North Carolina
(STATE OR COUNTRY)

14. INFORMANT Mrs. Ida Scott
Address 2203 Sylwaria St.

15. FILED 26 1928
John G. J. J. REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/24 1928

17. I HEREBY CERTIFY That I attended deceased from March 17, 1928, to March 24, 1928 that I last saw her alive on March 24, 1928, and that death occurred, on the date stated above, at 11:30 P. m.,

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Prostatic hypertrophy with attendant urethritis.

12 A
137 (duration) yrs. mos. da. unknown

CONTRIBUTORY (SECONDARY) 132 Anemia
(duration) yrs. mos. 2 da.

18. WHERE WAS DISEASE CONTRACTED 132 B
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory & Clinical
(Signed) P. J. Keegan, M. D.

(Address) St. Joseph, 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 Oakland Cem DATE OF BURIAL 3-27 1928

20. UNDERTAKER B. F. Graves ADDRESS 1309 N. 4th St.

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.

