

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 12
 Township Raw Primary Registration District No. 3736 Troup
 City Kansas City, Mo. St. Mo. Ward 1

File No. 23722
 Registered No. 2842

2. FULL NAME

(a) Residence. No. George Anchor Scott St. Columbus, Neb.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. 3 mos. 0 da. How long in U.S., if of foreign birth? yrs. 0 mos. 0 da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Apr. 9, 1847</u>		
7. AGE YEARS <u>81</u>	MONTHS <u>2</u>	DAYS <u>22</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 1, 1928

17. I HEREBY CERTIFY, That I attended deceased from June 4, 1928, to July 1, 1928, and that I last saw h. alive on June 9, 1928, and that death occurred, on the date stated above, at 131 87^A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
Several years (duration) yrs. 0 mos. 0 da.

CONTRIBUTORY (SECONDARY)
Central Hemiplegia yrs. 0 mos. 10 da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH 127 W
 DID AN OPERATION PRECEDE DEATH? No. DATE OF —
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) George J. Owens, M. D.
7/2, 1928 (Address) 870 Chambers Bldg

*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 Columbus, Neb. DATE OF BURIAL 7/2, 1928

20. UNDERTAKER Wm. Newcomer's Son ADDRESS K. C. Mo.

9. BIRTHPLACE (CITY OR TOWN) New York
 (STATE OR COUNTRY)

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New York
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New York
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Joseph H. Dawson
 (Address) 3736 Troup

15. FILED 7/2, 1928 M. M. Crown REGISTRAR
anon

N. H.—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.

7-2-6978