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

Do not use this space. 3077

23 1929
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1. PLACE OF DEATH

County Randolph — Registration District No. 735 — File No.

Township — Primary Registration District No. 3034 — Registered No. 3

City Moberly (No. 906 Garfield St. Ward)

2. FULL NAME George E. Scott

(a) Residence. No. 906 Garfield St., 2nd 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: Mollie Scott

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apl 23rd 1863

7. AGE: Years 65 — Months 8 — Days 10 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired
(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): Mo.

PARENTS
10. NAME OF FATHER: William Scott
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.
12. MAIDEN NAME OF MOTHER: Bettie Parrish
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo

14. INFORMANT: Leonard Scott
(Address) Moberly Mo

15. FILED 1/4, 1929 Dr. Thos. S. Fleming, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 3rd 1929

17. I HEREBY CERTIFY, That I attended deceased from without medical attendance, 19..., to ..., 19..., that I last saw him alive on Jan two years, 19..., and that death occurred, on the date stated above, at 4:10 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardio-Renal-Vascular Disease

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Probably (duration) 10 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED 1299
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) C. H. Dixon Health Comr, M. D
1-4th, 1929 (Address) Moberly 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: Moberly Mo — DATE OF BURIAL: 1-4th 1929

20. UNDERTAKER: Mahan and Son — ADDRESS: Moberly 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.

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