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

Do not use this space.

10699

1. PLACE OF DEATH
County: Jackson
Township: Kaw
City: Kansas City (No. 918 East 47 St. Ward)
Registration District No. 399
Primary Registration District No. 1002
File No. 1206
Registered No.

2. FULL NAME: Fred J. Scott
(a) Residence. No. 918 East 47 St., 15 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: M
4. COLOR OR RACE: wh
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married
5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lura Oldham Scott
6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 18, 1872
7. AGE: Years 56 | Months 9 | Days 21 | If LESS than 1 day, ... hrs. or ... min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Operator
(b) General nature of industry, business, or establishment in which employed (or employer): Picture Show
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Holton Kansas
10. NAME OF FATHER: John J. Scott
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Holton Kansas
12. MAIDEN NAME OF MOTHER: Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
14. INFORMANT: Mrs. Lura Oldham Scott
(Address): 918 E. 47th St.
15. FILED 3/11, 1929. M. M. Crowe Asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): March 9 1929.
17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19..., that I last saw h... alive on ..., 19..., and that death occurred, on the date stated above, at 3:0 a. m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arteria sclerosis
1 yr
97 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Chronic interstitial nephritis (duration) yrs. mos. ds.
18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
(Signed) Harry M. Hall, M. D.
3/9, 1929 (Address) Deputy Coroner

*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: Cremation | DATE OF BURIAL: Mch. 11 1929
20. UNDERTAKER: D. M. Newcomer's | ADDRESS: St. Louis N. C. Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.