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

Do not use this space.

File No. 5457
Registered No. 13

1. PLACE OF DEATH

County: Jefferson
Township: Joachim
City: Crystal City (No. ..... St. ..... Ward)

Registration District No. 421
Primary Registration District No. 5575

2. FULL NAME George Washington Scott

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 4, 1870

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	59	8	0	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Machinist
(b) General nature of industry, business, or establishment in which employed (or employer): Glass Manufactureing
(c) Name of employer: Pittsburgh Plate Glass Co

9. BIRTHPLACE (CITY OR TOWN): Crystal City Mo.
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: George Scott
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown
12. MAIDEN NAME OF MOTHER: Elizibeth Cook
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Unknown

14. INFORMANT: Mrs Isabelle Scott
(Address): Crystal City Mo

15. FILED 2/6, 1930 J. E. Rutledge, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feb. 4 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1930, to Feb. 4, 1930 that I last saw him alive on Feb. 4, 1930, and that death occurred, on the date stated above, at 9:40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108
101 (duration) ..... yrs. ..... mos. 5 ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: —
(1) DID AN OPERATION PRECEDE DEATH? no DATE OF: —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) John T. Rutledge, M. D.
2/5, 1930 (Address) Crystal City 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: Festus Mo — DATE OF BURIAL: Feb. 6 1930

20. UNDERTAKER: Dunster + Vanyard — ADDRESS: Festus Mo.

MAR 27 1930

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.