

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

Do not use this space.

22923

**1. PLACE OF DEATH**

County ..... Registration District No. **791**  
 Township ..... Primary Registration District No. **203**  
 City **St. Louis** (No. **2214 Benton St.**) St. .... Ward

File No. ....  
 Registered No. **6358**

**2. FULL NAME**

**Luther Eugene Scott (Scott)**  
 (a) Residence. No. **2214 Benton St.** **20** Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **2** 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) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Single**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **May 7, 1929**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<b>2</b>	<b>1</b>	<b>=</b>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work **None**  
 (b) General nature of industry, business, or establishment in which employed (or employer) .....  
 (c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) **St. Louis, Mo.**  
 (STATE OR COUNTRY)

10. NAME OF FATHER **James H. Scott**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Warrens, Tennessee**  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Donnie George**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Not known**  
 (STATE OR COUNTRY) **Mississippi**

14. INFORMANT **James H. Scott**  
 (Address) **2214 Benton St.**

15. FILED **STANLEY** REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 7, 1931**

17. I HEREBY CERTIFY That I attended deceased from **6-2-31**, 19**31**, to **6-7-31**, 19**31**, that I last saw him alive on **6-7-31**, and that death occurred, on the date stated above, at **7-2-31** m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

**Pneumonia**  
**107H** (duration) ..... yrs. .... mos. **2** ds.

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

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

19. DID AN OPERATION PRECEDE DEATH? **no** DATE OF   
 WAS THERE AN AUTOPSY? **no**

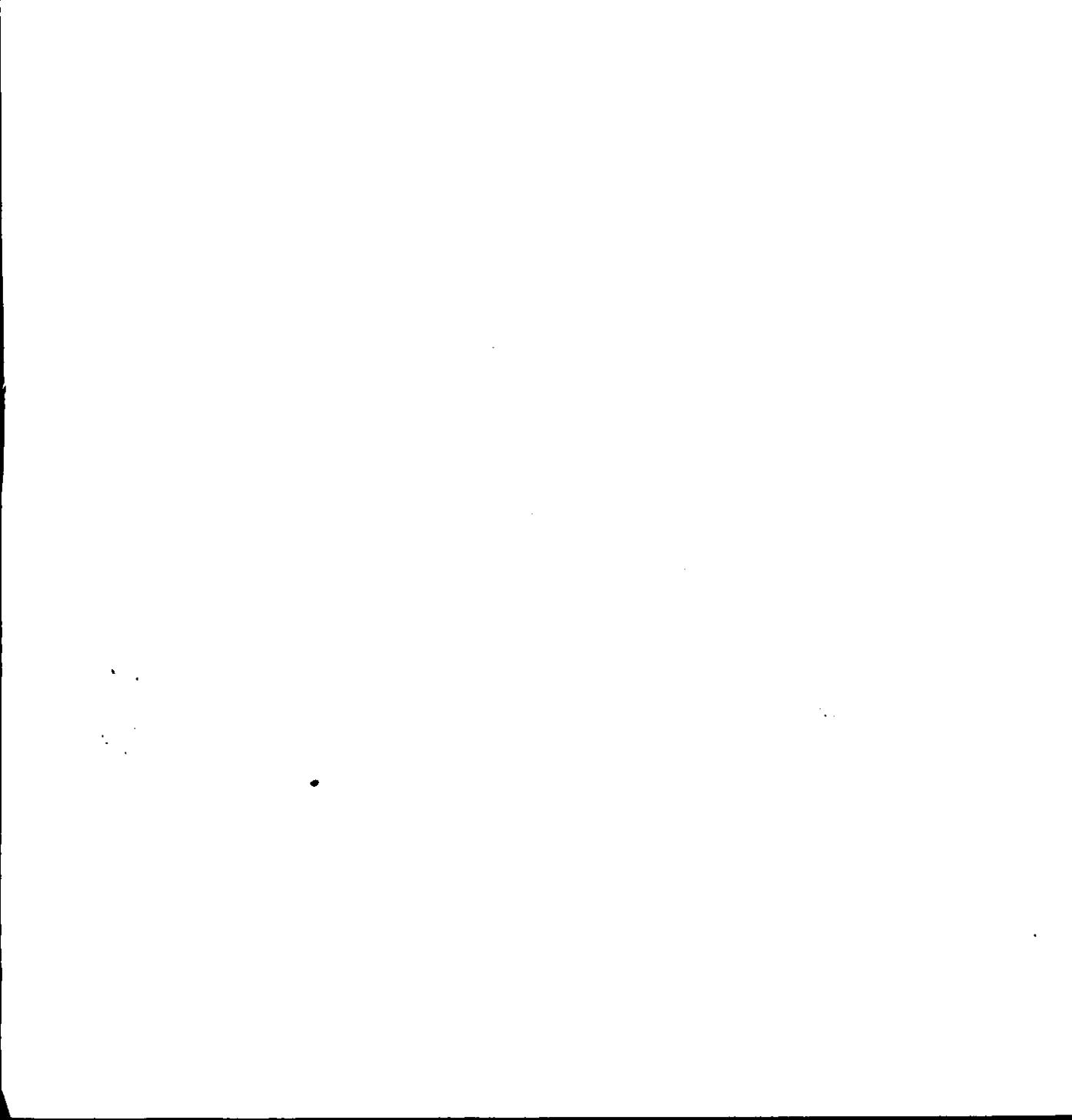
WHAT TEST CONFIRMED DIAGNOSIS **Chloroform**  
 (Signed) **Chas. J. ...**, M. D.

**67-19 St** (Address) **2519 Webster**

\*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 **Black Oak, Arkansas** DATE OF BURIAL **June 8, 1931**

20. UNDERTAKER **Chas. J. ...** ADDRESS **3934 N. 20**



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County St. Louis  
Township St. Louis  
City St. Louis (No.       )

Registration District No. 2901  
Primary Registration District No. 8003

File No.         
Registered No. 6358  
St.        Ward       

**2. FULL NAME**

Luther Eugene Scott

(a) Residence, No.        St.        Ward         
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

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

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

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

OCCUPATION  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.         
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.         
10. Date deceased last worked at this occupation (month and year)        11. Total time (years) spent in this occupation       

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)       

MOTHER FATHER  
13. NAME       

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)       

15. MAIDEN NAME       

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)       

17. INFORMANT (ADDRESS)       

18. BURIAL, CREMATION, OR REMOVAL

PLACE        DATE        19

19. UNDERTAKER (ADDRESS)       

20. FILED        19               Registrar       

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1931

22. I HEREBY CERTIFY, That I attended deceased from        to       , 19      

I last saw h..... alive on       , 19      . Death is said to have occurred on the date stated above, at        m.

The principal cause of death and related causes of importance were as follows:

Bacterial pneumonia followed Whooping cough. Examination given over phone by Dr. O. Ober, Div. of H.S. 5-2-31

Date of onset       

Other contributory causes of importance:       

Name of operation        Date of         
What test confirmed diagnosis?        Was there an autopsy?       

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?        Date of injury       , 19        
Where did injury occur        (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.       

Manner of injury         
Nature of injury       

24. Was disease or injury in any way related to occupation of deceased?         
If so, specify       

(Signed)       , M. D.  
(Address)       

SUPPLEMENTARY

5-22923