

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.

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

Do not use this space.

34321

1. PLACE OF DEATH

County Jackson
Township Can
City Kansas City

Registration District No. 388
Primary Registration District No. 1000
(No. 2705 Perry)

File No. 4020
Registered No. 4020
St. _____ Ward _____

2. FULL NAME Barbara Scott.

(a) Residence, No. 2705 Perry St. 9 Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 1 mos. 1 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 Female 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 James R Scott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 20, 1865

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
66 26 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Luxenberg Germany13. NAME James Hansen14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Germany17. INFORMANT Chas. Scott.
(ADDRESS) 808 No. 17 st. - St Joseph Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Joseph Mo. DATE Oct. 3 1931

19. UNDERTAKER H. O. Sidenfaden
(ADDRESS) St Joseph Mo.20. FILED 10-1-1931 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCTOBER 1 193122. I HEREBY CERTIFY, That I attended deceased from Dec. 16 1930 to Sept 6 1931

I last saw h. or alive on Sept 6 1931. Death is said to have occurred on the date stated above, at 12:30A.
The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: Met. Ch. of liver

Concussion of sigmoid?
46 C
Date of onset _____
Name of operation None Date of _____
What test confirmed diagnosis? Clin. Was there an autopsy? no

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? no

If so, specify _____

(Signed) Frank W. Logan, M. D.(Address) St Joseph Missouri

