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.

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

Do not use this space.

41028

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Blue — Primary Registration District No. 2002
City Kansas City Mo. (No. Leeds Hosp. St. Ward)
File No.
Registered No. 5016

2. FULL NAME William Scott
(a) Residence. No. T. B. Hospital 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: 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 7-1848

7. AGE: 83 YEARS — MONTHS: 1 — DAYS: 10 — If LESS than 1 day, ...hrs. or ....min.

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) Canada
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Chester Scott
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Mass - U.S.A.
12. MAIDEN NAME OF MOTHER Sarah Mercier
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Canada

14. INFORMANT K.C.L. B. Hospital
(Address) Leeds Hospital

15. FILED 12/18, 1931 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 17- 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 12, 1930 to Dec 17-, 1931 that I last saw him alive on Dec 17-, 1931, and that death occurred, on the date stated above, at 10 46 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
Senile Dementia
23A
162 (duration) 6 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH Kansas City Mo
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no —
WHAT TEST CONFIRMED DIAGNOSIS? X Ray - Sputum
(Signed) W. W. Higginbotham M.D.
12/18, 1931 (Address) Kansas 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: Maple Hill Kansas City Kan — DATE OF BURIAL: 12-18 1931

20. UNDERTAKER: John J. Sheehan — ADDRESS: K.C. Mo

Dr W.W. Buckingham
4519 Wabash E Wa 3489

Office Professional Building
Vi 9224