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

Duplicate

Do not use this space.

File No. 6381

Registered No. 1311

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Mary Jane Scott

(a) Residence, No. 1924 a Carr St., 21 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)
Female	Col.	Married

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

6. DATE OF DATH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
Abt 54	—	—	

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. Work 235

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) Miss

FATHER

13. NAME Peter Lee

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

MOTHER

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Gertrude Heath City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL

PLACE Father Dickson DATE 2-9 1932

19. UNDERTAKER (ADDRESS) A F Bulfin & Walton 3701 Gravois

20. FILED FEB -9 1932 1932 Harry C. O'Brien Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-2 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-24, 1932, to 2-2-, 1932

I last saw h. alive on 2-2-, 1932. Death is said to have occurred on the date stated above, at 12 05 m.

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

	Date of onset
131	
93C	
Chronic Myocarditis	
131	

Other contributory causes of importance:

Chronic Nephritis	

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin + Lab 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? .....

If so, specify .....

(Signed) M. Smith, M. D.

(Address) City Hospital #2