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

Do not use this space.
7854

1. PLACE OF DEATH

County: Cole — Registration District No.: 2 13 — File No.: 72

Township: — Primary Registration District No.: 3 0 14 — Registered No.:

City: Jefferson (No. , St. Ward)

2. FULL NAME Chas Wood 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: Pauline Scott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb-19-1868

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
64	1	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Plasterer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: " 72

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): Cole County, Missouri

FATHER

13. NAME: James Scott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cole County, Mo

MOTHER

15. MAIDEN NAME: Harriet Robeson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Cole County, Mo

17. INFORMANT: Mrs. Chas W. Scott
(ADDRESS) Jefferson City, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE: River View Cem DATE: 3/31, 1932

19. UNDERTAKER: Harry A. Gordon
(ADDRESS) Jefferson City Mo

20. FILED: 4/2/1932 By: D. Bedford, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 20, 1932, to March 29, 1932

I last saw him alive on March 28, 1932. Death is said to have occurred on the date stated above, at 9 a.

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

	Date of onset
Acute Myocarditis	
P A F A R	
Other contributory causes of importance: none	

Name of operation: none Date of:
What test confirmed diagnosis? Clinical 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) W A Oler M. D.
(Address) Jefferson City Mo.

APR 25 1932

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.