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

Do not use this space.

19494

File No. 2298

Registered No.

1. PLACE OF DEATH
County: Jackson — Registration District No.: 339
Township: Kaw — Primary Registration District No.: 130
City: K.C. Mo. (No. St. Marys Hospital St. Ward)

2. FULL NAME: Wm. Cook Scott
(a) Residence, No. 220 E. 35 St. St., 5 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: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 11 - 1885

7. AGE: Years 46 | Months 7 | Days 25 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 173
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): England

FATHER
13. NAME: Wm. C. Scott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

MOTHER
15. MAIDEN NAME: Mary Dickman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

17. INFORMANT (ADDRESS): Mrs. May Scott 220 E. 35 St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt. Moriah DATE: June 8, 1932

19. UNDERTAKER (ADDRESS): Mrs. C. L. Forster City

20. FILED: June 9, 1932 M. M. Crowe Asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 6, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 1931, to June 6, 1932.
I last saw h alive on June 6, 1932. Death is said to have occurred on the date stated above, at 11:50 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Thrombosis of basilar artery with right hemiplegia

Other contributory causes of importance: Bronchopneumonia

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

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): [illegible] M.D.
(Address): [illegible]

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

No. 2

Dr. A. B. Jones
Argyle Building Vi- 4895

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