

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

Do not use this space.

22848

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Ransom

Primary Registration District No. 1002

City Hannas City (No. 1002)

St. Mo. Ward #2

File No. _____

Registered No. 22848

St. _____ Ward _____

2. FULL NAME

Ellsworth Scott

(a) Residence, No. 421 Hannas St. 9 Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 18 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 Colored 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) 5-26-1888

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|-----------|----------|-----------|----------------------------------|
| | <u>44</u> | <u>1</u> | <u>15</u> | |

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

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) Lawrence, Kans.

13. NAME William Scott

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

15. MAIDEN NAME Sarah Drake

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

17. INFORMANT (ADDRESS) Record clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawrence, Kans. DATE 7-15 1932

19. UNDERTAKER (ADDRESS) W. S. Mott

20. FILED July 14 1932 M. M. Cronin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-11 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-8-32, 1932, to 7-11, 1932

I last saw him alive on 7-11, 1932 - Death is said

to have occurred on the date stated above, at 2³⁰ p.m.

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

Lobar Pneumonia
108
108
Date of onset _____

Other contributory causes of importance Lobar pneumonia

Name of operation _____ Date of _____

What test confirmed diagnosis? Culture Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1932

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) D. M. Muller, M. D.

(Address) St. Hoop #2

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.

