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

Do not use this space.

12022

File No. 30

Registered No.

Registration District No. 821

Primary Registration District No. 6670

1. PLACE OF DEATH

County SCOTT

Township RICHLAND

City SIKESTON (No. , St. Ward)

2. FULL NAME WILEY WASHINGTON 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	WIDOWED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL-16-1844

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
88	11	5	

OCCUPATION

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

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) CARBONDALE (STATE OR COUNTRY) ILL

FATHER

13. NAME ANDY SCOTT

14. BIRTHPLACE (CITY OR TOWN) NORTH CAROLINA (STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME UNKNOWN

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

17. INFORMANT MILDRED E. CREEL (ADDRESS) SIKESTON, MO.

18. BURIAL, CREMATION, OR REMOVAL

PLACE OLD SIKESTON CEMETERY DATE 3/22-33

19. UNDERTAKER GEO R. SMITH (ADDRESS) Sikeston Mo

20. FILED 4/10/33 Walter Ellis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-21-33 19

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19

I last saw him alive on , 19 Death is said to have occurred on the date stated above, at m.

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

	Date of onset
Bullet wound in head with a 32 caliber pistol inflicted by self with suicidal intent	

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

NA.

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) H. Welch Coroner Scott Co. M.D.

(Address) Sikeston Mo