

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

Do not use this space.

1. PLACE OF DEATH

56 County Lewis Registration District No. 483
Township Raddish Primary Registration District No. 5644B
City (No.) St. Ward

File No. **20274**

Registered No. _____

2. FULL NAME Thomas Scott

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

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9, 1864

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
69 3 13

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

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

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) Adair Co. Mo.

13. NAME Andrew Scott

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

15. MAIDEN NAME Not known

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

17. INFORMANT (ADDRESS) Ben Scott
Williamstown Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Ch Adair DATE June 24, 1933

19. UNDERTAKER (ADDRESS) James A. Coles
Williamstown Mo

20. FILED July 12, 1933 Ms. D. B. Speer
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22, 1933

22. I HEREBY CERTIFY That I attended deceased from June 4, 1933 to June 22, 1933
last saw him alive on June 21, 1933 Death is said

to have occurred on the date stated above, at 4:00 m.
The principal cause of death and related causes of importance were as follows:

Cardiac Insufficiency

Date of onset June 15

Other contributory causes of importance:

Causar of stomach

Name of operation None Date of _____
What test confirmed diagnosis? None 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? No.

If so, specify _____
(Signed) Harry L. M. Crocker, D.O.
(Address) Williamstown Mo.

AUG 26 1933

A. E. - 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.

