

Dr. Reichmann Sr.

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

Do not use this space.

20356

1. PLACE OF DEATH
64 County Mason Registration District No. 547
1 Township Mason Primary Registration District No. 3079
8 City Hannibal (No. 2124), Hope (St. 6 Ward)

2. FULL NAME John Will Scott
(a) Residence, No. 2124 Hope St., 6 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 53 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. _____
Registered No. 171
St. 6 Ward

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 Sarah Robinson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28-1847

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.
86 4 4-25

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

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) 1919 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Palls Co Mo

13. NAME Thomas Scott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Port Know

15. MAIDEN NAME Frances Wilson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Port Know

17. INFORMANT Sarah Scott (ADDRESS) Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Overseas Cemetery DATE June 4-1933

19. UNDERTAKER Ray G. S. Wright (ADDRESS) Hannibal Mo

20. FILED June 6 1933 O. C. Cousins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2-1933

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1933, to June 2, 1933
I last saw him alive on May 27, 1933. Death is said to have occurred on the date stated above, at 6:45 pm.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis (Date of onset 1931)
930
566 930
Other contributory causes of importance: Rheumatism

Name of operation no 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? no
If so, specify _____
(Signed) O. J. Reichmann, M. D.
(Address) Oakwood Mo.

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.

JUL 23 1933

