

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

Do not use this space.

24293

1. PLACE OF DEATH  
 96 County St. Louis Registration District No. 786  
 6 Township Central Primary Registration District No. 4469  
 8 City Maplewood (No. 7353, Marietta St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Richard Grant Stott  
 (a) Residence, No. 7353 Marietta St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 20 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_  
 Registered No. 35  
 St. \_\_\_\_\_ 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 Mary A. Stott  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 9 - 1864  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
68 57 3

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Supt. construction  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Painting  
 10. Date deceased last worked at this occupation (month and year) 1-9-22 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vernon Indiana

MOTHER FATHER  
 13. NAME Allen Stott

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

15. MAIDEN NAME Jane Mc Larson

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

17. INFORMANT Mrs. Mary A. Stott, school (ADDRESS) 7353 of Marietta ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla DATE July 15, 1933

19. UNDERTAKER Parker and Co (ADDRESS) Webster Groves Mo

20. FILED July 13, 1933 Mercedes Schuster Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-12, 1933  
 22. I HEREBY CERTIFY, That I attended deceased from 7-8 32 to 7-12, 1933  
 I last saw him alive on 7-12, 1933 Death is said to have occurred on the date stated above, at 12 P. m.  
 The principal cause of death and related causes of importance were as follows:

Carcinoma of Date of onset Feb 1-33  
15  
 Other contributory causes of importance: 15

Carcinoma of tongue  
& ant. pills of Dr. J. H. ...  
 Name of operation Stomach Date of 2-3-33  
 What test confirmed diagnosis? Stomach Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? X 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) R. P. ..., M. D.  
 (Address) 2516 Sutter

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.

108

