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

Do not use this space.

File No. 28181
Registered No. 7294

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis Mo (No. City Hospital 2 St. ..... Ward)

2. FULL NAME Harold McNeil Scott

(a) Residence, No. 3935a Cook St., 11 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.

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.

SEP 26 1933

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	Col	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-17-1924

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
8	11	4	

OCCUPATION

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

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

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

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

12. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo

FATHER

13. NAME Fred Scott

14. BIRTHPLACE (CITY OR TOWN) Ark
(STATE OR COUNTRY) ?

MOTHER

15. MAIDEN NAME Julia McNeil

16. BIRTHPLACE (CITY OR TOWN) Miss
(STATE OR COUNTRY) ?

17. INFORMANT Mrs Gertrude Scott
(ADDRESS) City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE 8-26-, 1933

19. UNDERTAKER Manuel Undertaking Co.
(ADDRESS) 4059 Finney

20. FILED AUG 24 1933 J F Bredeck
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-21-33 19

22. I HEREBY CERTIFY, That I attended deceased from 8-16-, 1933, to 8-21-, 1933

I last saw him alive on 8-21-33, 19 Death is said to have occurred on the date stated above, at 10 a.m.

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

	Date of onset
938	
948	
Pulmonary Tuberculosis	

Other contributory causes of importance:

Tuberculous Meningitis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....

(Signed) Russell Smith, M. D.
(Address) City Hospital 2