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.

NOV 10 1933

D., V.

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

Do not use this space.

30486

1. PLACE OF DEATH

78

County Pemiscot — Registration District No. 655 — File No.

Township Virginia — Primary Registration District No. 5872 — Registered No.

City Micola (No. ..... St. ..... Ward)

2. FULL NAME James 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 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: m
4. COLOR OR RACE: col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: O. C. Scott

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

7. AGE: YEARS 60 — MONTHS — DAYS — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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): Jonesville La.

FATHER

13. NAME: Billy Scott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): La

MOTHER

15. MAIDEN NAME: Jane Anna Boughel
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): La

17. INFORMANT (ADDRESS): O. C. Scott Steele Mo R. 2

18. BURIAL, CREMATION, OR REMOVAL: Cem.
PLACE Ellam Grove DATE 19

19. UNDERTAKER (ADDRESS): German Mott Co Steele Mo

20. FILED 10/1 1933 Max P. Kelley Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9-6, 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 5th, 1933, to Sept 6th, 1933

I last saw him alive on Sept 5, 1933. Death is said to have occurred on the date stated above, at 2:55 p.m.

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

Strangulated Inguinal Hernia with Gangreene 122A 98B

Date of onset

Other contributory causes of importance: None

Name of operation — Date of

What test confirmed diagnosis? Clin. 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) James P. Vickrey, M. D.

(Address) Steele Mo