

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

Do not use this space.

31056

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 303  
City St. Louis (No. 616 Eastgate)

File No.....  
Registered No. 7737  
St. .... Ward

**2. FULL NAME**

Emma Russell Scott  
(a) Residence, No. 616 Eastgate 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>James R. Scott</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 3 1869</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>7</u>
	DAYS <u>3</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>	
	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) <u>Darville</u> <u>Ill</u>		
MOTHER	13. NAME <u>Albert Russell</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>D</u>	
	15. MAIDEN NAME <u>Samantha Graves</u> <u>Com</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Misc</u>		
17. INFORMANT <u>Mrs. Alberta Agnew</u> (ADDRESS) <u>Burlington Iowa</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Balthala</u> DATE <u>Sept. 8</u> 19 <u>33</u>		
19. UNDERTAKER <u>Alexander &amp; Sons</u> (ADDRESS) <u>617 1/2 Olive St</u>		
20. FILED <u>7 13 33</u> <u>J. H. Biedeck</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 6 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 7:15 a.m.

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

Fuel Gas Poisoning  
Self administered while suffering temporary mental aberration

Other contributory causes of importance:  
16:15 P. Percentage

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accidental Date of injury Sept. 6, 1933.  
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) Frank P. Furlong M.D.  
(Address) Lawrence

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.

SEP 20 1933

