

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

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

Do not use this space.

32933 ✓

1. PLACE OF DEATH  
 County JACKSON Registration District No. 398  
 Township BLUE Primary Registration District No. 3019  
 City INDEPENDENCE (No. 130 S. PENDLETON St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME THOMAS G. SCOTT  
 (a) Residence, No. 130 S. PENDLETON St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred X yrs. 1 mos. 7 ds. How long in U. S., if of foreign birth? 16 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWER

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1 - 21 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
69 8 16

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

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

10. Date deceased last worked at this occupation, (month and year) MARCH 1933 11. Total time (years) spent in this occupation 16

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BRUCE COUNTY ONTARIA CANADA

13. NAME WM. SCOTT

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

15. MAIDEN NAME MARGARET ELIZABETH (UNKNOWN)

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

17. INFORMANT JOSHUA C. SCOTT  
 (ADDRESS) 30 S. PENDLETON

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE MOUND GROVE DATE OCT. 8, 1933

19. UNDERTAKER STAHL'S FUNERAL HOME  
 (ADDRESS) 815 W. MAPLE AVE., INDEP. MO.

20. FILED Oct 8 1933 Dr. F. L. Cook  
 Registrar.

✓ MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT. 7, 1933, 19\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from DEPUTY CORONER, 19\_\_\_\_  
 I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 2:00AM.  
 The principal cause of death and related causes of importance were as follows:  
Carcinoma of face  
Starvation  
52  
 Other contributory causes of importance: 52  
52

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Typhoid 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) Vincent J. Steffen, M. D.  
 (Address) 813-1/2 S. 1st St., Indep. Mo.

