

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.

MAR 24 1934

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

Do not use this space.

791

003

File No. 6534
Registered No. 1377
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis, Mo. (No. Barnes Hospital)

2. FULL NAME John Grant Scott, Jr.

(a) Residence, No. _____ St. N.R. Ward Lawrenceville, Ill.
(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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June-9-1911</u>		
7. AGE YEARS <u>22</u>	MONTHS <u>7</u>	DAYS <u>27</u>
If LESS than 1 day, _____ hrs. or _____ min.		

9
OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labatory assistant</u>	11. Total time (years) spent in this occupation _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>assistant</u>	
10. Date deceased last worked at this occupation (month and year) _____	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lawrenceville Ill.

FATHER 13. NAME John Grant Scott

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER 15. MAIDEN NAME Rosetta Corrie

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Miss Elizabeth Graves 416 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawrenceville, Ill. DATE 2-9-1934

19. UNDERTAKER (ADDRESS) Albert H. Happe 429 N. Euclid St.

20. FILED 3-7-1934 J. F. Bredeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-6-1934

22. I HEREBY CERTIFY, That I attended deceased from 1-12-1934, to 2-6-1934

I last saw h. a. m. alive on 2-6-1934 Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Lympho. sarcoma arising in glands of neck with metastases to brain

Other contributory causes of importance: Bronchial pneumonia

Date of onset about Dec. 19, 1933

5215
5213
Name of operation Biopsy of neck glands Date of 1-15-34
What test confirmed diagnosis? Biopsy Was there an autopsy? Yes

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) A. R. Bradley, M. D.
(Address) Barnes Hospital

Zipf's Law.