

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

Do not use this space.

20956

1. PLACE OF DEATH

County Johnson

Registration District No. 431

Township Monticourt

Primary Registration District No. 5073

City

(No. _____)

St. _____

Ward _____

2. FULL NAME Stephen S Scott

(a) Residence, No. _____

St. _____

Ward _____

(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

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

Cora A Scott

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

Nov 17 1861

7. AGE

YEARS 72

MONTHS 1

DAYS 9

If LESS than 1 day, _____ hrs. or _____ min.

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.

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)

Lafayette Mo

13. NAME

Leonard Scott

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

Unknown

15. MAIDEN NAME

Anna Elizabeth Miller

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

Unknown

17. INFORMANT (ADDRESS)

Mrs Cora A. Scott
Warrensburg Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Liberty Cem. DATE June 28 1934

19. UNDERTAKER (ADDRESS)

H. F. Wilson Funeral Service
Warrensburg Mo.

20. FILED

6/27 1934 J. A. Koch

Registrar

MEDICAL CERTIFICATE OF DEATH

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

June 26 1934

22. I HEREBY CERTIFY That I attended deceased from

Vermin body after death, 1934

I last saw him _____ alive on _____, 1934 Death is said

to have occurred on the date stated above, at 6:30 A. m.

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

acute dilation of heart, diagnosed made from symptoms given by wife

Date of onset

Other contributory causes of importance

enlarged heart

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? _____ Date of injury _____, 1934

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) Wm R Patterson, M. D.

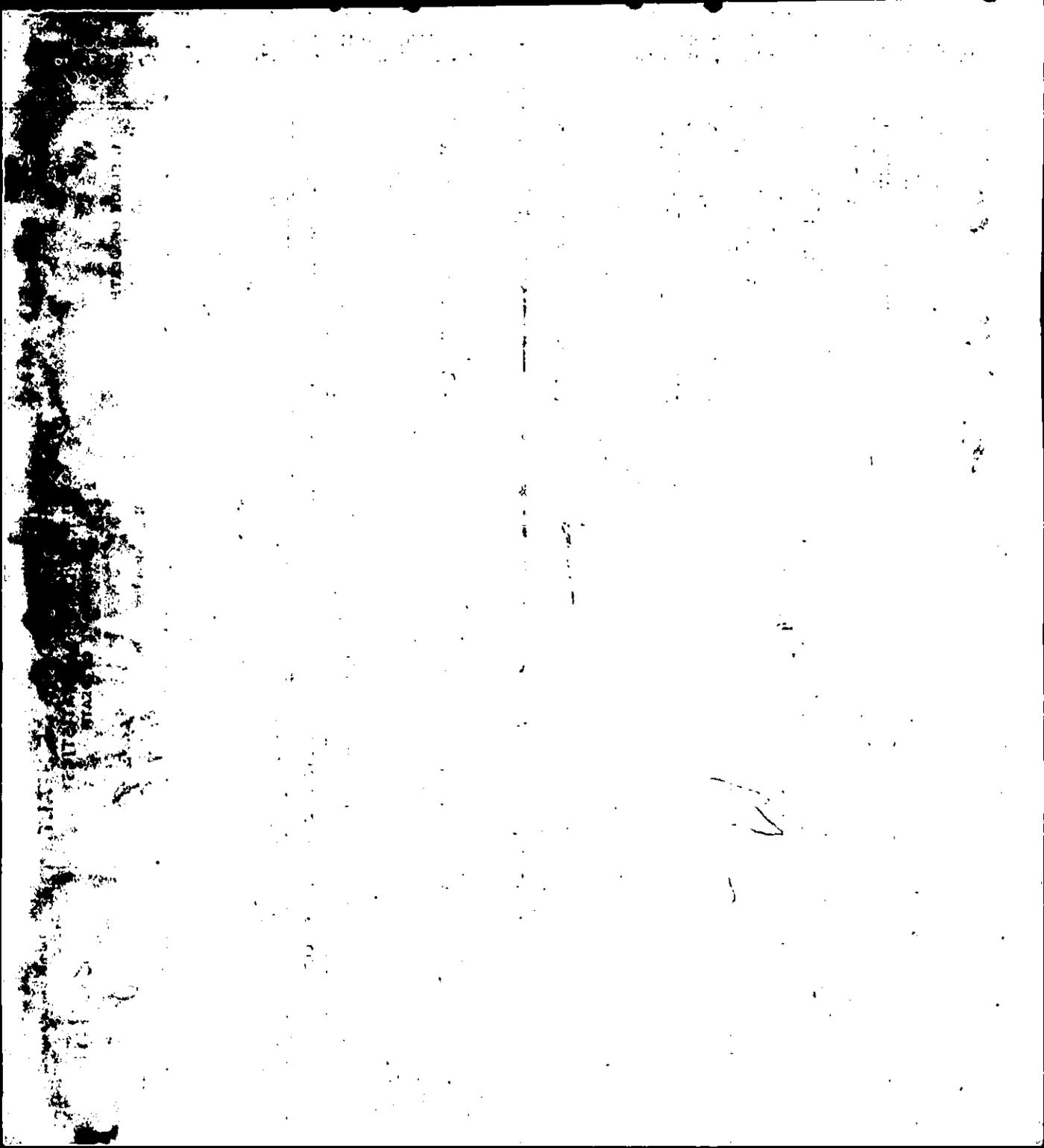
(Address) Warrensburg Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

44-5

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Warrensburg, Mo. July 27, 1934.

Mr. James A. Koch,
Knobnoster, Mo.

Dear Mr. Koch:-

I am inclosing envelope and request for further information
on the death certificate of Stephen D. Scott who died June 26th 1934.
They have my registration district number on it but the Primary Registration
Number of Montserrat Township and as I do not have any record of this death
I believe this should have been sent to you.

Very truly yours,

Eva Gentry
Eva Gentry.

85707-215

#2

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

T. McLaughlin, M. D.,
Special Agent,
Jefferson City, Mo.

Johnson

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Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Stephen S Scott
Who died at _____ on June 26 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex M Color or race W Single, married, widowed or divorced: _____

Date of birth Nov 17 1861 Age: Years 72 Months 7 Days 9

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____
Birthplace (State or country) Lafayette County Mo.
Birthplace of father (State or country) Mo
Birthplace of mother (State or country) Mo
Principal cause of death: acute dilatation of heart

Other contributory causes of importance Enlarged heart
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
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 _____
Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
Name of physician Wm R Patterson
Address of physician Warrensburg Mo
Signature of Registrar J A Koch Filed 6/27-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

E. J. McLaughlin MD

Reg. Dist. No. 429

Special Agent. *G. H. C.*

Reg. Dist. No. 5593

S(2)-20956