

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
1003

Primary Registration District No. *No. 2 on Route City Hospital #2*

File No. **22032**
Registered No. **5784**
St. Ward)

2. FULL NAME

(a) Residence, No. **2731 Mills** St., **21** 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 **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 **Lillie Scott**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **3/1/1895**

7. AGE YEARS MONTHS DAs If LESS than 1 day,hrs. ormin.
39 3 5

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. **Labor**

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) **Rising Ark.**

13. NAME **Unknown**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Leonard Scott** (ADDRESS) **2731 Mills Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **6/11/34**

19. UNDERTAKER **A. F. Stalton** (ADDRESS) **2707 Stockport St.**

20. FILED **17 1934** **J. J. Beedeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 5, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **No Physician or Attending**

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at **6:45 p.m.**

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

173
Gunshot Wounds of Both Lower Quarters, with Hemorrhage

Other contributory causes of importance: **Homicide**

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? **Homicide** Date of injury **6/5, 1934**

Where did injury occur? **St. Louis, Mo.**

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **In Home**

Manner of injury **Shot by person**

Nature of injury **Gunshot Wounds of Both Quarters**

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) **Johnny Sweeney** M.D.

(Address) **Deputy Physician**

6/7/34

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.

11/11/11