

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

Do not use this space.

24888

**1. PLACE OF DEATH**

County Jackson  
Township New  
City Kansas City (No. 1104 Broadway)

Registration District No. 399  
Primary Registration District No. 1002

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1104 Broadway st., Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5 - 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
49 9 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unemployed

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) Anderson MD

13. NAME William Sydney Scott

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

15. MAIDEN NAME Margaret Ann Kincannon

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

17. INFORMANT Ester C. Lasky  
(ADDRESS) 3228 Charlotte, K.C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Anderson, Mo. DATE July 27 1934

19. UNDERTAKER J. J. O'Donnell  
(ADDRESS) K.C. Mo

20. FILED 7-27-19 34 M. M. Cronin  
Regist.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/26/34

22. I HEREBY CERTIFY that the decedent died from \_\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the day stated above at \_\_\_\_\_.

The principal cause of death and relative causes of importance were as follows:  
Heat Prostration Date of onset 191

Other contributory causes of importance: 191

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis \_\_\_\_\_ 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) [Signature], M. D.  
(Address) [Signature]

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

AUG 21 1934

TO THE HONORABLE MEMBERS OF THE HOUSE OF REPRESENTATIVES  
IN SENATE CHAMBERS, WASHINGTON, D. C.  
JANUARY 10, 1917

REPORT  
OF THE  
COMMISSIONERS OF THE GENERAL LAND OFFICE  
IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE  
MAY 11, 1916

AND  
A REPORT  
ON THE  
LANDS BELONGING TO THE UNITED STATES  
IN THE TERRITORY OF ALASKA  
AS OF JANUARY 1, 1917

WASHINGTON, D. C.  
GOVERNMENT PRINTING OFFICE  
1917