

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.

AUG 16 1934

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

Do not use this space.

**1. PLACE OF DEATH**

County Madison Co  
Township Park  
City (No. ....) .....

Registration District No. 538  
Primary Registration District No. 5729

File No. 25457  
Registered No. 64 .....

**2. FULL NAME**

(a) Residence, No. Fredericktown Mo #3 .....

(b) (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 <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 <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 10 - 1886</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>4</u>
	DAYS <u>16</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>On Highway</u>	
	10. Date deceased last worked at this occupation (month and year) <u>July 24</u>	11. Total time (years) spent in this occupation
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Francois Co Mo</u>	
	13. NAME <u>Chas. Scott</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Francois Co Mo</u>	
MOTHER	15. MAIDEN NAME <u>Belle Isabel</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Francois Co Mo</u>	
17. INFORMANT (ADDRESS) <u>Jack Underwood Glad Town</u>		
18. BURIAL, CREMATION, OR REMOVAL PLAC <u>Libertyville</u> DATE <u>July 27 1934</u>		
19. UNDERTAKER (ADDRESS) <u>W. N. Webb Fredericktown Mo</u>		
20. FILED <u>July 27 1934</u> <u>B. C. Slaughter</u> Registrar		

**5 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26 1934

22. I HEREBY CERTIFY That I attended deceased from July 24 - 1934 to July 26 - 1934

I last saw him alive on July 26 1934 Death is said to have occurred on the date stated above, at 10:25 AM

The principal cause of death and related causes of importance were as follows:  
Jumped from wagon, and was hit by auto. I. Conrad 1934 Date of onset July 24

no funds & fell off on slab  
210M  
710  
82A

Other contributory causes of importance:  
Sub-cranial hemorrhage - slow. Entire left side paralyzed  
Died from heart failure

Name of operation .....

Date of .....

What test confirmed diagnosis? .....

Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide Accident Date of injury July 24 1934

Where did injury occur? On Highway 6 1/2 mi south of Glad (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.  
On Highway

Manner of injury He jumped in way of auto

Nature of injury Spinal fracture

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

If so, specify .....

(Signed) M. B. ... M. D.  
(Address) Fredericktown Mo

By E. A. Schwaner

AUG 1 2 1948