

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

Do not use this space.

7628  
27385

**1. PLACE OF DEATH**

County Madison Registration District No. 791  
 Township Madison Primary Registration District No. 1003  
 (No. 1515 N. Taylor St. 11 Ward)

**2. FULL NAME**

Patience Scott  
 (a) Residence, No. 1515 N. Taylor St. 11 Ward.  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-14-1821

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>113</u>	<u>4</u>	<u>8</u>	

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

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) Vicksburg Miss.

13. NAME Jos. Halbert

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

15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Murphy Jones 1515 N. Taylor Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dixon DATE 7-27-1934

19. UNDERTAKER (ADDRESS) Independent Burial Assn 2632 Lucas Ave

20. FILED 27 19 34 J. Bredeck Registrar

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-22-1934

22. I HEREBY CERTIFY, That I attended deceased from 11-18, 1933, to 7-22, 1934

I last saw h. e. alive on 7-22-1934 Death is said to have occurred on the date stated above, at 10:30 p.m.

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

Chronic Myocarditis 1 yr  
936  
191  
191

Other contributory causes of importance: Head Prostration 1 day

Name of operation - Date of -  
 What test confirmed diagnosis? Cholesterol Was there an autopsy? No

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 Henry C. Hampton, M. D.  
 (Signed) (Address) 234 Market St.

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

