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 17 1934

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

Do not use this space.

27743

File No.

Registered No. 235

1. PLACE OF DEATH

County St. Louis, Missouri — Registration District No. 1120

Township Barnwell — Primary Registration District No. 6248 03

City Jefferson Barracks (Missouri, Ward) — St. (Ward)

2. FULL NAME SCORE, William J.

(a) Residence, No. 5538 Plover, St. Louis St. Missouri Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF — Mrs. Grace T. Score

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 8, 1876

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
58	1	27	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown

10. Date deceased last worked at this occupation (month and year) Unknown — 11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

FATHER

13. NAME William Score

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

MOTHER

15. MAIDEN NAME Ellen Kirkland

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri.

17. INFORMANT (ADDRESS) C. H. SMITH, M.D., Clinical Director, Vet. Adm. Fac. Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery, Jefferson Barracks, Mo. DATE July 9, 1934

19. UNDERTAKER (ADDRESS) P. Philadelphia Corning, 4468 Washington

20. FILED July 6, 1934 B. F. Yate M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1934, to July 5, 1934

I last saw him alive on July 5, 1934 Death is said to have occurred on the date stated above, at 7:05 P.m.

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

	Date of onset
Bronchopneumonia	Unk.
920	
920	
101A	

Other contributory causes of importance:

Myocarditis, chronic	Unk.
Arteriosclerosis	Unk.
Hemiplegia, left, old	Unk.

Name of operation None — Date of —

What test confirmed diagnosis Clinical, physical, x-ray, laboratory findings — 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? .....

If so, specify .....

(Signed) C. H. SMITH, M.D., Acting Manager, M. D.

(Address) Vet. Adm. Fac. Jeff. Brks., Mo.