

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

SEP 18 1934

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

Do not use this space.

1. PLACE OF DEATH

County Howard.  
Township Richmond  
City..... (No..... St..... Ward)

Registration District No. 378  
Primary Registration District No. 55-26

File No. 29089  
Registered No. 63

2. FULL NAME Jeff D. Scotton.

(a) Residence, No..... St..... 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3/4/1882

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
72 5 21

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

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) Missouri.

13. NAME John Scotton

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

15. MAIDEN NAME Susan Ford.

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

17. INFORMANT Mrs Jeff D. Scotton  
(ADDRESS) Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE City Comatary DATE 8/27 34 19.

19. UNDERTAKER Guy T. Halley.  
(ADDRESS) Fayette Mo.

20. FILED Sep 8 1934 W.C. Bonham  
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/25/34 19.....

22. I HEREBY CERTIFY, That I attended deceased from June 15 1933, to..... 19.....

I last saw him alive on June 20 1934. Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Coronary Thrombosis Date of onset 6-15-34  
Myocarditis 1932  
Other contributory causes of importance 94B 93d1

Name of operation none Date of.....  
What test confirmed diagnosis Phys 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? no  
If so, specify.....

(Signed) W. J. Shaw M. D.  
(Address) Fayette, Mo.

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.

