

NOV 19 1934

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

Do not use this space.

## 1. PLACE OF DEATH

County

Dunklin

Registration District No.

282

Township

Union

Primary Registration District No.

5401

City

(No. ....)

File No.

35654

Registered No.

44

St.

Ward)

## 2. FULL NAME

J. L. Scott

(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

M.

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Cora Scott

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

Nov 5 - 1880

7. AGE

YEARS  
53MONTHS  
11DAYS  
-

If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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)

1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo.

13. NAME

Wiley Scott

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

Iowa

15. MAIDEN NAME

Mary Myers

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

Mo

17. INFORMANT (ADDRESS)

Mrs. Scott Campbell

18. BURIAL, CREMATION, OR REMOVAL

PLACE Woodlawn

DATE

Oct 6, 1934

19. UNDERTAKER (ADDRESS)

Landerwood Campbell

20. FILED

1934

1934

C. W. Landerwood

Registrar

## MEDICAL CERTIFICATE OF DEATH

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

Oct 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from

Oct 1, 1934 to Oct 5, 1934

I last saw him alive on

Oct 5, 1934

Death is said

to have occurred on the date stated above, at 2:00 P.M.

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

Lobar Pneumonia

Date of onset

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

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

John L. Brower, M. D.

(Signed)

Campbell Mo

