

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

OCT 17 1934

**1. PLACE OF DEATH**

County Marion Registration District No. 548. File No. 36675  
 Township Liberty Primary Registration District No. 4223. Registered No. 71.  
 City Palmyra (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Willie James Scott

(a) Residence, No. Palmyra, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 9, 1934

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

22. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1934, to Oct 9, 1934  
 I last saw him alive on Oct 9, 1934 Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 20, 1891

to have occurred on the date stated above, at 5: a. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
43 8 19

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

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Resturant

Adenocarcinoma of Date of onset \_\_\_\_\_  
Omentum Spleenic Flexure  
of colon and left kidney

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

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation 1 yr

Other contributory causes of importance: 4/3/34  
5/1/34  
5/1/34

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Emerson, Mo.

FATHER 13. NAME Simon Scott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion County Missouri

Name of operation Exploration of Abdomen Date of July 1934  
 What test confirmed diagnosis? Clinical Was there an autopsy? no.

MOTHER 15. MAIDEN NAME Jennie Stovall

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland Co. Missouri

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.

17. INFORMANT Mrs. "J. Scott  
 (ADDRESS) Palmyra, Mo.

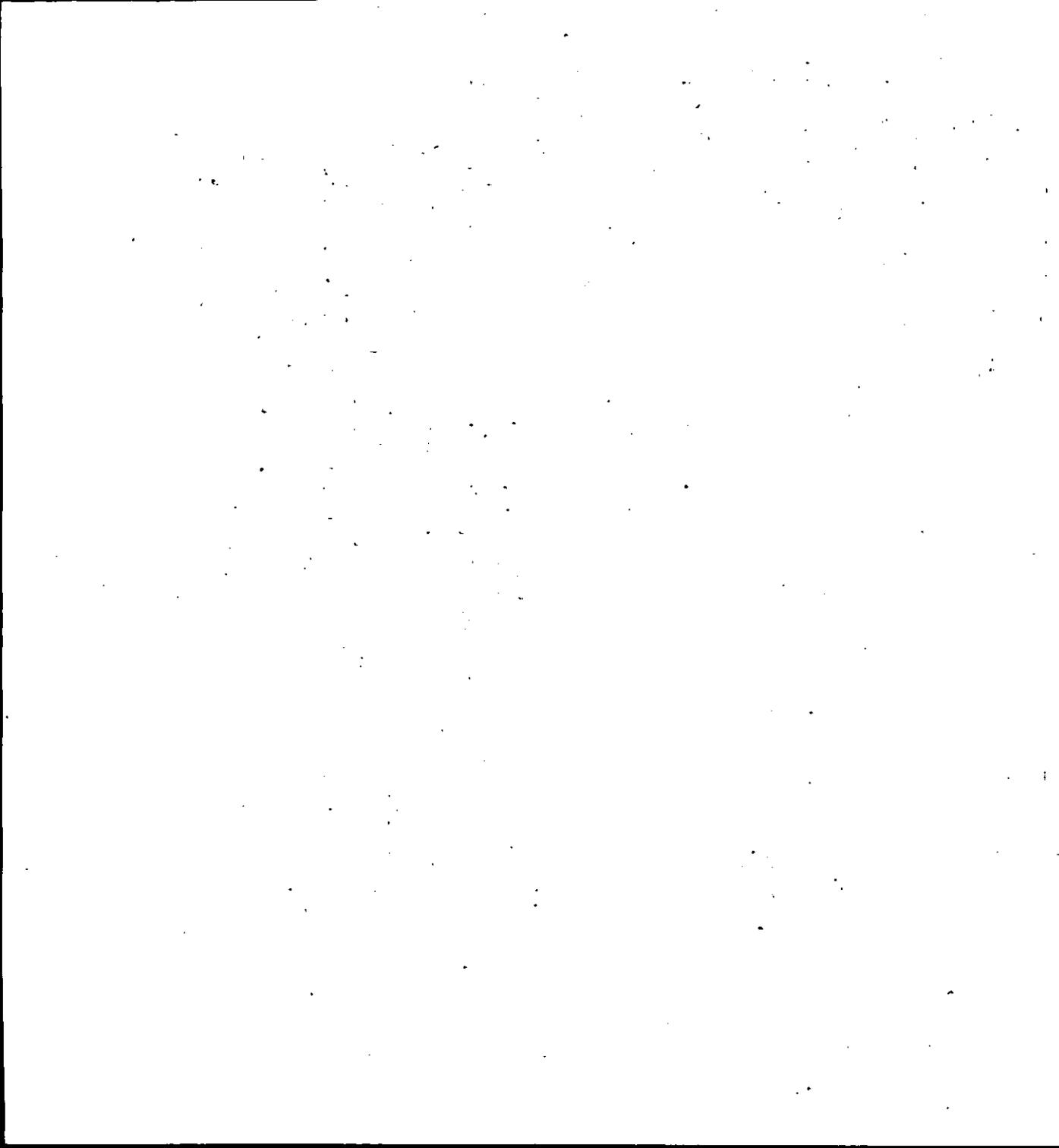
18. BURIAL, CREMATION, OR REMOVAL Palmyra, Mo.  
 PLACE Greenwood Cem. DATE 10/10/34, 19

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

19. UNDERTAKER Lewis Brad  
 (ADDRESS) Palmyra, Mo.

20. FILED Oct. 9 - 1934 Gertrude Lee  
 Registrar.

24. Was disease or injury in any way related to occupation of deceased? no.  
 If so, specify \_\_\_\_\_  
 (Signed) Dr. J. Thomas D.O.  
 (Address) Palmyra Mo.



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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Maxon Registration District No. 548 File No. 36675  
 Township Palmyra Primary Registration District No. \_\_\_\_\_ Registered No. 71  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
43 8 19

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

**13. NAME**

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

**15. MAIDEN NAME**

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

**17. INFORMANT (ADDRESS)**

**18. BURIAL, CREMATION, OR REMOVAL**

PLACE \_\_\_\_\_ DATE \_\_\_\_\_ 19\_\_\_\_

**19. UNDERTAKER (ADDRESS)**

20. FILED Oct. 9 - 1934 Bertrude Lee Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 9 1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Adenocarcinoma of  
ascending splenic  
flexure of colon and  
right kidney.  
Primary Carcinoma 1933  
Other contributing causes of importance  
flexure of colon

Date of onset 1933

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (accident, suicide, or homicide), 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) \_\_\_\_\_, M. D.

(Address) \_\_\_\_\_

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FEB 28 1936

5-36675