DEC 2 2 1934

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

Do not use this space.

41510

1. PLACE OF DEATH

96

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 390

City ~~Koch~~ (No. ..... St. ..... Ward)

2. FULL NAME Joe Scott

(a) Residence, No. 1012 N. Compton St., ... Ward. St Louis Mo
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	Negro	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1899

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
34	10	8	

OCCUPATION

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

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) Arkansas

FATHER

13. NAME Joe Scott

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

MOTHER

15. MAIDEN NAME Emily Brooks

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

17. INFORMANT (ADDRESS) Koch Hospital Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE Nov 12, 1934

19. UNDERTAKER (ADDRESS) Dement-son 2700 Wash St.

20. FILED 11-7-1934 B F Tate M D Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 3, 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from 10-20-34, 19..., to 11-3-34, 19...

I last saw him alive on 11-3-34, 19... Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Pulmonary Tuberculosis — Date of onset

34

Other contributory causes of importance:
Syphilis generalized

Name of operation X-ray and sputum Date of .....

What test confirmed diagnosis? ..... 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) Joseph T. Maher, M. D.
(Address) Koch, Mo

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.

100M-11-24-33