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.

MAY 13 1935

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

Licence No. 2469

Do not use this space.

91

1003

14835

File No.

Registered No. 3686

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St. Louis Mo (No. City Hospital #2 St. ..... Ward)

2. FULL NAME Rhoand Scott

(a) Residence, No. 2139 - Eugenia St. 22 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 6 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 Colored

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 13 - 1905

7. AGE YEARS 29 MONTHS 4 DAYS 5 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Mississippi

FATHER

13. NAME Olgee Scott

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

MOTHER

15. MAIDEN NAME Adeline Howard

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

17. INFORMANT (ADDRESS) J. Perkins 2945 - Lawton Blvd

18. BURIAL, CREMATION, OR REMOVAL Burial

PLACE Washington Park DATE 4/24 1935

19. UNDERTAKER (ADDRESS) J. G. Jones 1934 Sheridan

20. FILED APR 23 1935 J. L. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 18th, 1935

22. I HEREBY CERTIFY, That I attended deceased from 4 - 8 - 1935, to 4 - 18 - 1935

I last saw him alive on 4 - 18 - 1935. Death is said to have occurred on the date stated above, at 9:45 A m.

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

Pulmonary Tuberculosis — Date of onset 4-8-35

2½ Mo. duration

Other contributory causes of importance: 23

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) Russell Smith M. D.

(Address) 2945 - Lawton Blvd