

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.

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

Do not use this space.

JUL 24 1935

20441

1. PLACE OF DEATH

County Monroe Registration District No. 582  
Township Jackson Primary Registration District No. 5779  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 34

2. FULL NAME

Oscar W. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>African</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary E. Scott</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 5-1908</u>		
7. AGE YEARS <u>76</u>	MONTHS <u>7</u>	DAYS <u>6</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
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 COUNTY) <u>Monroe Co Mo</u>		
13. NAME <u>Samuel Scott</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
15. MAIDEN NAME <u>Adeline Whittledon</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>		
17. INFORMANT <u>Mary E. Scott</u> (ADDRESS) <u>Home, route 1, No. 11, 12</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Scott Cemetery</u> DATE <u>June 13, 1935</u>		
19. UNDERTAKER <u>George E. Evans</u> (ADDRESS) <u>Home, route 1, No. 11, 12</u>		
20. FILED <u>July 1, 1935</u> <u>H. C. Payne</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11, 1935

22. I HEREBY CERTIFY that I attended deceased from Apr 10, 1935 to June 11, 1935  
I last saw him alive on April, 1935 Death is said to have occurred on the date stated above, at 3 a. m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis Date of onset about 6 mo. ago.

Other contributory causes of importance: None

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? No  
If so, specify \_\_\_\_\_  
(Signed) M. E. Mc Murry, M. D.  
(Address) Paris Mo

