

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

Do not use this space.

JUL 12 1935

21206

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **6180 Pershing Ave**) St. Ward)

File No.....
Registered No. **5140**
St. Ward)

2. FULL NAME

James Horace Scott
(a) Residence, No. **6180 Pershing Ave** **5** 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 13, 1854**

7. AGE YEARS **80** MONTHS **7** DAYS **28** IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Inspector of**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Steak Dept,**
10. Date deceased last worked at this occupation (month and year) **City of St. Louis** Total time (years) **24** months **12** days **10** occupation **inspector**

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Mo**

MOTHER / FATHER 13. NAME **James B. Scott**

14. BIRTHPLACE (CITY OR TOWN) **Troy N.Y.** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Helen E. Smith**

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

17. INFORMANT **Cora A. Scott** (ADDRESS) **6180 Pershing Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bellefontaine** DATE **June 13, 1935**

19. UNDERTAKER **Wagoner Wood Co.** (ADDRESS) **5221 Olive St**

20. FILED **JUN 12 1935** 19 **J. H. Brebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from **6/8**, 1935, to **6/11**, 1935

I last saw him alive on **6/4**, 1935. Death is said

to have occurred on the date stated above, at **11:20 a.m.**

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

Cirrhosis of Liver Date of onset **24 years**

Other contributory causes of importance: **124 lb**

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....., 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) **R. W. Talbot**, M. D.

(Address) **University Club Bldg**

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.

