

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

Do not use this space.

SEP 25 1935

26474

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township Keokuk Primary Registration District No. 1002  
City Kansas City (No. 12 C. Gen. Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 050221  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Samuel Ralph Scott  
(a) Residence, No. 1323 Penn St., \_\_\_\_\_ Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 4 1883</u>		
7. AGE	YEARS	MONTHS
	<u>56</u>	<u>10</u>
		DAYS
		<u>9</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>none</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 COUNTRY) Missouri

FATHER 13. NAME Burn Scott

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER 15. MAIDEN NAME Mary Thompson

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Dr. J. C. Gen. Hosp. 12 C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE East Hill DATE Aug 15 1935

19. UNDERTAKER (ADDRESS) W. G. Grogan Home

20. FILED 9/14 1935 M. M. Carow Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-13 1935

22. I HEREBY CERTIFY, That I attended deceased from 5-4 1935 to 8-13 1935  
I last saw him alive on 8-13 1935 Death is said to have occurred on the date stated above, at 9:25 AM  
The principal cause of death and related causes of importance were as follows:

Generalized Sarcoma - Adenosis, source undetermined Date of onset

Other contributory causes of importance: F 2

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

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) J. W. Bennett M.D. M. D.  
(Address) 12 C. Gen. Hosp. 12 C. Mo.

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.

RECEIVED WITH UNPAID INK—THIS IS A PERMANENT RECORD

