

JAN 10 1936

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

Do not use this space.

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1. PLACE OF DEATH

County Jackson
Township Ross
City Kansas City (No. 5616 E. 10th)

Registration District No. 399
Primary Registration District No. 1100

File No.
Registered No.
St. Ward)

2. FULL NAME

Lucy Evelyn Scott

(a) Residence, No. 5616 E. 10th St., Ward.

(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 Fe 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 2-1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 2 28

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
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) Kan

13. NAME Isreal Kenner

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

15. MAIDEN NAME Hanna Decker

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

17. INFORMANT Beta Hudson
(ADDRESS) 5616 E. 10th

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hammer Ross Rec. 31

19. UNDERTAKER Waylar Funeral Home
(ADDRESS) Admission Ross

20. FILED 12-31-35 m m Brouf
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/30/35

22. I HEREBY CERTIFY That I attended deceased from 12/30/35 to 12/30/35, 19...
I last saw him alive on 1/30/36. Death is said to have occurred on the date stated above, at 11:50 p.m.

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

Automobile traumatism Date of onset

Fracture of pelvis

Rupture of spleen Hemoperitonium

Other contributory causes of importance:

No baseveger

Name of operation Autopsy Date of operation 12/30/35

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (accident, suicide, or homicide) give in also the following: Accident Date of injury 12/30/35

Where did injury occur? Case 6, no. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home or in public place.

Manner of injury Underneath auto which

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) [Signature], M. D.

(Address) [Signature]

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.

