

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.

JUN 16 1936

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

Do not use this space.

1. PLACE OF DEATH
 County Andrew Registration District No. 26
 Township..... Primary Registration District No. 3002
 City Mexico Mo (No. Andrew Hospital)
 File No. 18448
 Registered No. 87
 St. Ward)

2. FULL NAME Walter 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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug-9-1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 | 8 | 23

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Jeweler
 (b) General nature of industry, business, or establishment in which employed (or employer) Gun Store
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Joseph A Scott
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) MO
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Esther H. Crocker
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) MO
 (STATE OR COUNTRY)

14. INFORMANT Wayne Scott
 (Address) Vandalia Mo

15. FILED May 2 1936 Blanche Neely
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) May 2 1936

17. I HEREBY CERTIFY, That I attended deceased from May 1 1936 to May 2 1936, that I last saw him alive on May 2 1936, and that death occurred, on the date stated above, at 3:00 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Excitation of Throat
Shock - Hemorrhage

CONTRIBUTORY (SECONDARY) Mental Disease
(Suicidal tendency)
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Vandalia, Mo
 IF NOT AT PLACE OF BIRTH?

DID AN OPERATIVE MEDICAL DEATH? yes DATE OF May 1-1936

19. WHAT TEST CONFIRMED DIAGNOSIS? Plus findings.
Nebraskian M. D.

(Signed) W. J. Neely M. D.
 5/2 1936 (Address) Mexico, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Nowhere Mo DATE OF BURIAL 5-4-1936

20. UNDERTAKER W. J. Neely ADDRESS Vandalia Mo

