

JUL 14 1936

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

Do not use this space.

24782

1. PLACE OF DEATH

County

Registration District No.

791

Township

Primary Registration District No.

1003

City *St. Louis, Mo.* (No. *Barnes Hospital*)

File No.

Registered No.

6406

St.

Ward)

2. FULL NAME

EMMA BLANCHE SCOTT

(a) Residence, No.

St.

Ward.

CHINOOK, MONTANA

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs. *1* mos. *0* ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Fred H. Scott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct. 15, 1871

7. AGE

YEARS

64

MONTHS

8

DAYS

9

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Housewife

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)

Michigan

FATHER

13. NAME

Wm H. McMillan

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

New York State

MOTHER

15. MAIDEN NAME

Alice Horton

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

New York

17. INFORMANT

(ADDRESS) *Mrs. Anna G. Wise, 1701 N. 48th, East St. Louis, Ill.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Haute Mont.* DATE *6/29* 19*36*

19. UNDERTAKER

(ADDRESS) *Chas. A. Bull, 4453 Washington Blvd., St. Louis, Mo.*

JUN 24 1936

J. F. Bredeck

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

6-23 1936

22. I HEREBY CERTIFY, That I attended deceased from

5-22, 1936, to *6-23*, 1936

I last saw him alive on *6-23*, 1936 Death is said

to have occurred on the date stated above, at *11 P.M.*

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

CARCINOMATOSIS - (ADENOCARCINOMA - ORIGIN FROM GASTRO-INTESTINAL TRACT - EXACT SOURCE UNKNOWN)

Date of onset *1935*

Other contributory causes of importance:

Hb W

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?

If so, specify

(Signed) *Paul Kunkel*, M. D.

(Address) *BARNES HOSPITAL*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

