

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

Do not use this space.

DEC 3 1936

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1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City **St. Louis**

(No. **Missouri Baptist Hospital**)

File No. **11681**

Registered No. **11681**

2. FULL NAME **James F. Scott**

(a) Residence, No. **7238 Wise** **Richmond Heights, Mo. R.R.**
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **42** 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) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan, 27, 1870**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	66	9	27	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Public School**

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) **Scotland**

13. NAME **Unknown**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Mrs. Lucy Fisher**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset Burial Park** DATE **11/27/36**

19. UNDERTAKER (ADDRESS) **A. W. McLaughlin**

20. FILED **19** **11/25/36** **W. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 24, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **10-18-36**, 1936, to **11/24/36**, 1936.

I last saw him alive on **11/24/36**. Death is said to have occurred on the date stated above, at **1:20 P. m.**

The principal cause of death and related causes of importance were as follows:
Bronchial pneumonia Date of onset **11/22/36**
196a

Other contributory causes of importance:
Fracture of hip sustained in accidental fall to kitchen floor

Name of operation **Hall's fluid** Date of **9-7-36**
What test confirmed diagnosis? **Spec.** Was there an autopsy? **yes**

23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide. **Accidental** Date of injury **10/17/36**
Where did injury occur? **at home** (Specify city or town, county, and State)
Specify whether injury occurred in a factory, in a home, or in public place.

Manner of injury **Unk.**
Nature of injury **Fracture of hip**

24. Was disease or injury in any way related to occupation of deceased?
If so, specify **Unk.**
(Signed) **W. Kleevefoeter**, M. D.
(Address) **4532 Maryland**

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.

1860
Wm. C. C. C. C.