

FEB 18 1937

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

Do not use this space.

1. PLACE OF DEATH

County New Madrid
Township New Madrid
City (No.)

Registration District No. 604
Primary Registration District No. 3802

File No. 2379
Registered No.
St. Ward

2. FULL NAME Clyde 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3-1892
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 6 27

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

FATHER
13. NAME John Scott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

MOTHER
15. MAIDEN NAME Addie Slater
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Decaturville Tennessee

17. INFORMANT (ADDRESS) Flody Scott Wardell, Mo.

18. BURIAL, CREMATION OR REMOVAL PLACE Wardell DATE Feb. 3 1937

19. UNDERTAKER (ADDRESS) Richards Undertaking Co. New Madrid, Mo.

20. FILED 7-11-37 Wm. O. Cannon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 30 1937

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 8:30 P.M.
The principal cause of death and related causes of importance were as follows:

Drowned

Date of onset

Other contributory causes of importance:
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Jan 30 37
Where did injury occur? New Madrid County (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Barge sank with men
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify St. Andrews J. Comer (Signed) New Madrid Mo (Address)

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

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.

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