APR 8 1937

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

Do not use this space.

399

1. PLACE OF DEATH

County Jackson — Registration District No. 1002 — File No. 9740

Township Kaw — Primary Registration District No. — Registered No.

City Kansas City (No. St. Lukes Hosp. St. Ward)

2. FULL NAME Mrs. Jennie E. Scott

(a) Residence, No. 5816 Holmes St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Female
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: John T. Scott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 3, 1857

7. AGE: YEARS 79 — MONTHS 11 — DAYS 22 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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): Elmwood Ill.

FATHER

13. NAME: Noyes Bartholomew
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Conn.

MOTHER

15. MAIDEN NAME: Cornelia Kellogg
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mass.

17. INFORMANT (ADDRESS): Mrs. Helen Romig Topeka, Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE Topeka Kansas DATE March 25, 1937

19. UNDERTAKER (ADDRESS): D. W. Newcomer's Sons

20. FILED 3-25, 1937 M. M. Crowe, asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from 3-14, 1937, to 3-25, 1937

I last saw her alive on 3-25, 1937. Death is said to have occurred on the date stated above, at 11:29 A.M.

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

Acute Intussception Sigmoid. — Date of onset 3-14-37

Other contributory causes of importance:

Rectal Polyp.
Chronic Myocarditis

Name of operation Cecostomy — Date of 3/25/37

What test confirmed diagnosis? — Was there an autopsy? yes

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? no

If so, specify

(Signed) James R. McCoy, M. D.

(Address) 814 Wed Arts Bldg

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Med. Arts