MAY 18 1937

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

Do not use this space.

File No. 15889

Registered No. 111

1. PLACE OF DEATH
County Callaway,
Township
City Fulton, Mo, (No. , St. Ward)

Registration District No. 104
Primary Registration District No. 3008

2. FULL NAME Sam 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: Negro,
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Widowed,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July, 24th, 1855

7. AGE: Years 81 | Months 8 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Labor,
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): Mo,

FATHER
13. NAME: Henry Scott,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo,

MOTHER
15. MAIDEN NAME: Dont Know,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know,

17. INFORMANT (ADDRESS): Mrs, Julia Ray, Fulton, Mo,

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Whetstone Church DATE: Apr, 19th, 1937

19. UNDERTAKER (ADDRESS): Herndon-Taylor Furn-Co, Fulton, Mo,

20. FILED Apr 19, 1937 R. N. Crews, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr, 17th, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 30, 1937, to March 16, 1937
I last saw him alive on 16, 1937. Death is said to have occurred on the date stated above, at 8,25, A, M,
The principal cause of death and related causes of importance were as follows:

Nephritis chronic — Date of onset

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Other contributory causes of importance:
Gen Arteria Sclerosis

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? No
If so, specify
(Signed) R. N. Crews, M. D.
(Address) Fulton Mo.

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.