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

Do not use this space.

23180

File No.
Registered No. 665

JUL 26 1937

1. PLACE OF DEATH
County Buchanan,
Registration District No.
Township
Primary Registration District No.
City St. Joseph. (No. Mercy Hospital, St. Ward)

2. FULL NAME Jess Claude Scott,
(a) Residence, No. St., Ward. Maysville, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 10 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): Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Eunice B. Scott,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12, 1889,

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
26	2	24	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Barber Shop
10. Date deceased last worked at this occupation (month and year) June 1937.
11. Total time (years) spent in this occupation 20

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Macon Missouri,

FATHER
13. NAME Meade Scott,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Unknown,

MOTHER
15. MAIDEN NAME Lillie Conley,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Missouri,

17. INFORMANT Mrs J. C. Scott
(ADDRESS) Maysville, Mo.
18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Maysville, Mo. DATE June 6th, 1937
19. UNDERTAKER Neaton-Bruce & Bowman
(ADDRESS) 319 So. 10th Street
20. FILED June 6, 1937 H. J. Nedebusch Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6th, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 6, 1937, to June 6, 1937
(last saw him alive on June 6, 1937. Death is said to have occurred on the date stated above, at 9:00 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach — Date of onset

Other contributory causes of importance: No

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No.

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) O. L. Weed D.O. M. D.
(Address) St. Joseph 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.