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.

AUG 11 1937

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

Do not use this space.

26397

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 26397

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. 331 East Dartmouth Road 2 St. Ward)

2. FULL NAME Helen E. Scott 1

(a) Residence, No. 331 East Dartmouth Road 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 12, 1877

7. AGE: 25b — YEARS: 49 — MONTHS: 11 — DAYS: 9 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Secretary
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: 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kansas

FATHER

13. NAME: Frank A. Scott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wisconsin

MOTHER

15. MAIDEN NAME: Maggie A. Scott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Harold W. Scott (Brother) 331 East Dartmouth Road

18. ~~BURIAL~~ CREMATION, ~~CREMATORY~~ PLACE: Elmwood Crematory DATE: July 23, 1937

19. UNDERTAKER (ADDRESS): Stine & McClure 3235 Gillham Plaza

20. FILED July 23, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Comm, 19..

I last saw h..... alive on A, 19..... Death is said to have occurred on the date stated above, at ..... m.

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

Carcinoma of the lung (Primary) — Date of onset

47

Other contributory causes of importance:

W

Name of operation ..... Date of .....

What test confirmed diagnosis? Autopsy 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?

If so, specify

(Signed) [signature], M. D.

(Address) [signature]