

SEP 25 1937 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Saint Louis Registration District No. 1123 File No. 31828
Township Carondelet Primary Registration District No. 6248 B Registered No. 313
City Jefferson Barracks (No. V. A. F.) St. _____ Ward _____

2. FULL NAME George SCOTT.

(a) Residence, No. 2133 Walnut Street St. _____ Ward Saint Louis, Missouri.
(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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 1, 1891
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 45 10 3
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Odd Jobs
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Not known
10. Date deceased last worked at this occupation (month and year) _____ ? 11. Total time (years) spent in this occupation _____ ?

12. BIRTHPLACE (CITY OR TOWN) New Orleans, (STATE OR COUNTRY) Louisiana.

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

17. INFORMANT Clinical Clerk M. Schellig (ADDRESS) VAF Jefferson Barracks, MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Jefferson Barracks DATE Aug 6 1937

19. UNDERTAKER J. W. Hughes (ADDRESS) 2620 Lawton Ave

20. FILED Aug 4 1937 Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 4 1937

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1937, to August 4, 1937

I last saw him alive on August 4, 1937. Death is said to have occurred on the date stated above, at 2:15am.

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

Peritonitis, generalized, secondary to an Ischio-rectal abscess. Date of onset Unkn.

Other contributory causes of importance: None

Name of operation Incision & drainage Date of _____
Clinical exam. and laboratory
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? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)

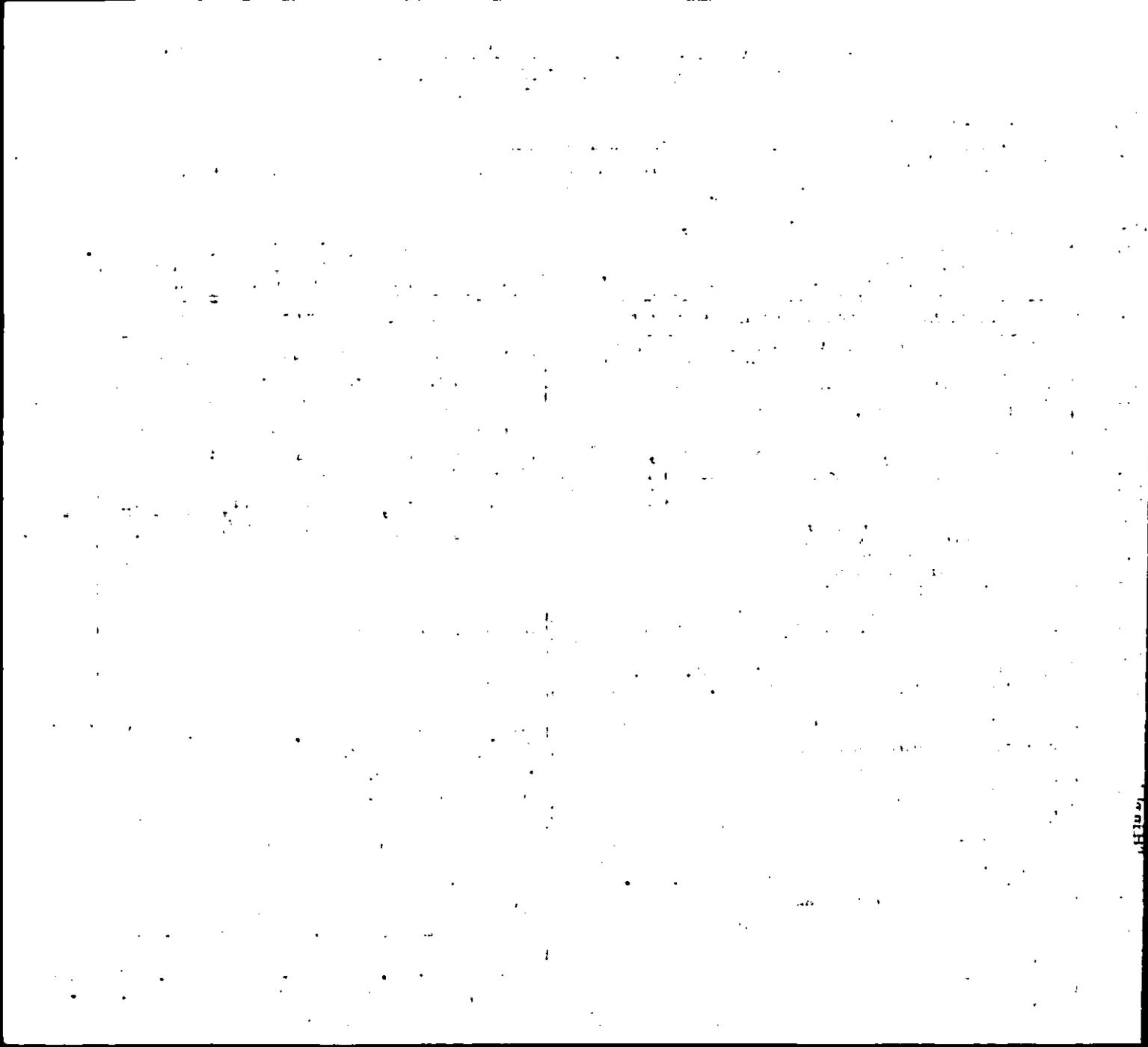
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) C. W. HUGHES Chief Med. Officer M. D.
(Address) VAF Jefferson Barracks, Mo.

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.



FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

31828

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1123
(b) Township Carondelet Primary Registration District No. 6248B
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No.

2. PRINT FULL NAME George Scott

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX m 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 4 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
I last saw him alive on 19... Death is said to have occurred on the date stated above, at... m.

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 10 3

Date of onset

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

Other contributory causes of importance:

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

Name of operation Date of

FATHER 13. NAME

What test confirmed diagnosis? Was there an autopsy?

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury

MOTHER 15. MAIDEN NAME

Where did injury occur? (Specify city or town, county, and State)

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS)

Manner of injury

18. BURIAL, CREMATION, OR REMOVAL

Nature of injury

PLACE DATE 19

24. Was disease or injury in any way related to occupation of deceased?

19. FUNERAL DIRECTOR (ADDRESS)

If so, specify

20. FILED Aug 4 1937 G. Mowrey Local Registrar

(Signed) C. W. Hays, M. D.

(Address) 124 F. J. Hill Bldg. St. Louis

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-31828