Please return

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

Do not use this space.

OCT 21 1937

File No. 34774

Registered No. 58

1. PLACE OF DEATH

County: Mercer

Township: Ravanna

City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 556

Primary Registration District No. 4279

5251

2. FULL NAME: Thomas B. 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: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Laura Scott Lerow

6. DATE OF DIRTH (MONTH, DAY, AND YEAR): Sept 8 1857

7. AGE: Years 80 | Months | Days 29 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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): Mercer Co Mo

FATHER

13. NAME: Robert Scott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER

15. MAIDEN NAME: Mary V. Eotlick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia

17. INFORMANT (ADDRESS): Mrs John Lewis Ravanna

18. BURIAL, CREMATION, OR REMOVAL: PLACE Ravanna Cem DATE 9/30 1937

19. UNDERTAKER (ADDRESS): Martin Funeral Home Princeton Mo

20. FILED 9/30 1937 J M Perry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 28 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept 11 1937, to Sept 28 1937

I last saw him alive on Sept 20 1937. Death is said to have occurred on the date stated above, at 7 am m.

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

	Date of onset
acute Nephritis	
cause unknown	

Other contributory causes of importance: None

Diseases of Endocrine Glands

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

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? No

If so, specify .....

(Signed) G. A. Steele, M. D.

(Address) Lucerne Mo

10-21-37

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.