

REC'D MAY 9 1938

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

13515
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 1495
 (c) City Kansas City (d) Street No. 414 East 70th 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.

2. PRINT FULL NAME

William James Scott 300
 (a) Residence, No. 414 East 70th St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 21, 1859

7. AGE YEARS 78 MONTHS 3 DAYS 14 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada13. NAME William Scott14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada15. MAIDEN NAME Anne Scrimiger16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada17. INFORMANT Alice L. Scott
(ADDRESS) 414 East 70th St., Kansas City, Mo18. BURIAL, CREMATION, OR REMOVAL Galt,
PLACE Ontario, Canada DATE April 6 193819. FUNERAL DIRECTOR Stine & McClure
(ADDRESS) Kansas City, Missouri20. FILED Apr 6 1938 m. m. Browne
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5 1938I HEREBY CERTIFY, That I attended deceased from January 1937 to April 5, 1938I last saw deceased alive on Apr 5, 1938. Death is saidto have occurred on the date stated above, at 4:20 p.m.

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

Broncho pneumonia 1 wk
107a

Other contributory causes of importance:

Cerebro-arteriosclerosis yesChc. Distiches 12 mosHigh blood pressure 2 yrs

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) Marion L. Bills M. D.(Address) 1424 Park Blvd

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)