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.

REC'D MAY 6 1938

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

Do not use this space.

File No. 15904

Registered No. 774

1. PLACE OF DEATH

County Saint Louis — Registration District No. 784

Township Carondelet — Primary Registration District No. 200

City ~~Jefferson Barracks~~ (No. Veterans Hospital. St. Ward) 300

2. FULL NAME Claud W. SCOTT

(a) Residence, No. 2018 Lee Avenue, St., Ward. Granite City, Illinois.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unkn. 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: white

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

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF Mrs. Jennie Scott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9, 1887

7. AGE — YEARS: 50 — MONTHS: 10 — DAYS: 19 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. W.P.A.

10. Date deceased last worked at this occupation (month and year) 2 yrs. ago

11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbia, Indiana

FATHER

13. NAME Anthony Scott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) -- Saint Louis Missouri

MOTHER

15. MAIDEN NAME Katherine Blehtoldt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) -- Indiana

17. INFORMANT Clinical Clerk, VAF Jefferson
(ADDRESS) Barracks, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem. DATE May. 2, 1938

19. UNDERTAKER C. Hoffmeister U. & L. Co.
(ADDRESS) 7814 S. B'way, St. Louis, Mo.

20. FILED 4-29 1938 J. R. Myers M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 23, 1938, to April 28, 1938

I last saw him alive on April 28, 1938. Death is said to have occurred on the date stated above, at 11:05 PM

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

	Date of onset
Arteriosclerosis, generalized	Unkn.
Nephritis, chronic.	Unkn.
Myocardial disease, congestive type of cardiac failure, with hypertrophy and dilatation (chronic myocarditis) (arteriosclerotic heart disease)	Unkn.

Other contributory causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Phy. clinical manif. and laboratory 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.