REC'D MAY 16 19[illegible]

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

Do not use this space.

1. PLACE OF DEATH
County Saline
Township Salt Pond
City Sweet Springs (No. ..... St. ..... Ward)
Registration District No. 801
Primary Registration District No. 6044
File No. 15967
Registered No. 8

2. FULL NAME Charley Perry Scott 300
(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 81 yrs. 4 mos. 15 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): Widowed

5A. IF MARRIED, ~~WIDOWED~~, OR DIVORCED HUSBAND OF (OR) WIFE OF: Cora V. Scott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 13, 1856

7. AGE: YEARS 81 | MONTHS 4 | DAYS 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired 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) 1932
11. Total time (years) spent in this occupation 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saline Co Mo 0

FATHER
13. NAME: John Scott 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saline Co Mo

MOTHER
15. MAIDEN NAME: Jane Wood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Saline Co Mo

17. INFORMANT (ADDRESS): Mrs. W. D. Wheeland Sweet Springs Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fairview DATE May 1st 1938

19. UNDERTAKER (ADDRESS): R C Carter Sweet Springs Mo

20. FILED May 4 1938 Rose C Harrison Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from April 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 12 45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyonephrosis	1937
131	
Other contributory causes of importance:	
Prostatic Hypertrophy with urinary retention	1925
Chronic nephritis	1925

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? No
If so, specify .....
(Signed) Leoburn Ellis M. D.
708 (Address) Sweet Springs, Mo

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.