

DEC 14 1938

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

38211
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson / Registration District No. 399
(b) Township Kaw / Primary Registration District No. 1002
(c) City Kansas City / (d) Street No. St. Luke's Hospital Registered No. 4445
(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

Lochiel W. Scott
(a) Residence, No. 6011 Wyandotte 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

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 Anne Phillips Scott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 16, 1872

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 9 28

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. Retired
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) Ohio

13. NAME No record

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT (NAME) (ADDRESS) Phillips Scott
6011 Wyandotte St. Kansas Cy., Mo.

18. BURIAL PLACE Kansas City, Mo. DATE Nov. 15, 1938
Forest Hill

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stine & McClure
Kansas City, Missouri.

20. FILED Nov. 14, 1938 M. M. Croome
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Autopsy Only, 19...
I last saw Autopsy Only alive on Autopsy Only, 19... Death is said to have occurred on the date stated above, at A m. 3:45
The principal cause of death and related causes of importance were as follows:

Diverticulitis Sigmoid Colon 2 yrs
Perforation into Peritoneum 1 mo
Acute Peritonitis - Suppurative
Colitis
Other contributory causes of importance: 123
Name of operation Colostomy Date of 19 days
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Blanche L. ... M. D.
(Address) St. Luke Hospital

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.