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.

FEB 6 1939

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

Do not use this space.

1. PLACE OF DEATH

County Macon — Registration District No. 1072 — File No. 3002

Township Tenmile — Primary Registration District No. 5716 — Registered No. 92

City Anabel Mo (No. ..... St. ..... Ward)

2. FULL NAME 3rd Frank Pearce 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 40 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): Widower

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Ollie J. Scott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25 1853

7. AGE: YEARS 85 — MONTHS 2 — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired Farmer
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) Adams Co. Ill

FATHER

13. NAME Harrisson Scott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adams, Co. Ill

MOTHER

15. MAIDEN NAME Mary Scott
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adams Co. Ill

17. INFORMANT (ADDRESS) Frank Scott Jr. Anabel Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Zion DATE May 16 1938

19. UNDERTAKER (ADDRESS) H M Goddings Atlanta Mo

20. FILED 1/10 1939 Leota Newton 476 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 15, 1938, to May 15, 1938

I last saw h. ~~m.~~ alive on May 14, 1938. Death is said to have occurred on the date stated above, at 5 a.m.

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

	Date of onset
Myocarditis	
Other contributory causes of importance:	
Arteriosclerosis	

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? .....

If so, specify .....

(Signed) Frank R Roy, M. D.

(Address) Clarence Mo.