REC'D MAY 18 1939

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

16249
Do not use this space.

1. PLACE OF DEATH
(a) County Saline
(b) Township Marshall, R.F.D. 5
(c) City
Registration District No. 796
Primary Registration District No. 6039
Registered No. 75
(d) Street No. 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 360 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James McKinney Scott
(a) Residence, No. R.F.D. 5 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: Jessie Greenlee
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 15, 1868
7. AGE: Years 70 | Months 11 | Days 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
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): Saline Co. Mo.

FATHER
13. NAME: George Robinson Scott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Georgia

MOTHER
15. MAIDEN NAME: Mary Elizabeth Gi bbs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marshall, Mo.

17. INFORMANT (ADDRESS): Roy Scott Marshall, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ridge Park Cem DATE April 22, 1939
19. FUNERAL DIRECTOR (NAME) J.L. Sweeney (ADDRESS) Marshall, Mo.
20. FILED 4-21-1939 Mary Kent Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1939
22. I HEREBY CERTIFY, That I attended deceased from April 20, 1939, to April 20, 1939
I last saw him alive on April 20, 1939. Death is said to have occurred on the date stated above, at 9:0 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
apoplexy	

Other contributory causes of importance: Hypertension -

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) John R. Lawrence, M. D.
(Address) Marshall, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 7/2/39

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, myself ✓, or by ✓, Registered Apprentice No. ✓, working under my personal supervision.

Signed J. Leslie Sussney

Licensed Embalmer No. 3235

P. O. Address Marshall, Mo.

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.