

AUG 11 1939

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

26599
Do not use this space.

1. PLACE OF DEATH
- (a) County Plymouth Registration District No. 721
- (b) Township Lincoln Primary Registration District No. 5932 Registered No.
- (c) City (d) Street No. St.
- (e) Length of residence in city or town where death occurred yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number)
- (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Julius Henry Scott
- (a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Isabelle Scott</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 27-1886</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>1</u>
	DAYS <u>14</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Farm</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Jan. 1930</u>	
	11. Total time (years) spent in this occupation <u>55</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mahaska Co Iowa</u>		
FATHER	13. NAME <u>Travis Scott</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>	
MOTHER	15. MAIDEN NAME <u>Don't Know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't Know</u>	
17. INFORMANT <u>Mrs Isabelle Scott</u> (ADDRESS) <u>Unionville, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Unionville</u> DATE <u>July 9 1939</u>		
19. FUNERAL DIRECTOR (NAME) <u>Comstock Mack Co</u> (ADDRESS) <u>Unionville, Mo</u>		
20. FILED <u>July 10 1939</u> <u>G. W. Dilliner</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 1939

22. I HEREBY CERTIFY, that I attended deceased from June 9 1939 to July 6 1939

I last saw him alive on July 13 1939. Death is said to have occurred on the date stated above, at 8:15 p.m.

The principal cause of death and related causes of importance were as follows:
Ch. Cordis, Rudis Date of onset 7/5/39

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? 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? No
If so, specify
(Signed) G. W. Dilliner M. D.
Unionville, Mo (Address) 648

RECEIVED

District Health Officer No. 10

District File Number 8-39-1273

Date Filed AUG 4 1939

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 James W. Comstock

Registered Apprentice No. 132, working under my personal supervision.

Signed John N. Comstock

Licensed Embalmer No. 3891
P. O. Address Unionville, 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.