FILED FEB 26 1940

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

Do not use this space.

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1. PLACE OF DEATH
County Jackson
Township Kaw
City K.C.
Registration District No. 399
Primary Registration District No. 1002
File No.
Registered No.
(No. Vineyard Park Hosp. St. Ward)

2. FULL NAME Harry Allen Scott 3.50
(a) Residence, No. 328 S California St., Ward. Chicago, Ill
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9, 1940
7. AGE YEARS — MONTHS — DAYS 2 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.
10. Date deceased last worked at this occupation (month and year) None
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.

FATHER
13. NAME John Scott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield Ill.

MOTHER
15. MAIDEN NAME Mattie Elizabeth Strawn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Topeka Kansas

17. INFORMANT (ADDRESS) Mrs Mattie Scott Chicago, Ill
18. BURIAL, ~~CREMATION, OR~~ REMOVAL
PLACE Parkville Mo DATE 1/12 1940
19. UNDERTAKER (ADDRESS) L. H. Francis Parkville Mo.
20. FILED Jan. 12 1940 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 11, 1940

22. I HEREBY CERTIFY, That I attended deceased from 1-9, 1940, to 1-11, 1940
I last saw h..... alive on 1-10, 1940. Death is said to have occurred on the date stated above, at 6-45 a.m.
The principal cause of death and related causes of importance were as follows:
Premature & Missearriage
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Date of onset

Other contributory causes of importance:

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) Richard Hammon M. D.
(Address) 3937 Main K.C. Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.