

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

Do not use this space.

38215

**1. PLACE OF DEATH**

County Saline  
Township \_\_\_\_\_  
City Marshall (No. \_\_\_\_\_)

Registration District No. 796  
Primary Registration District No. 3038

File No. \_\_\_\_\_  
Registered No. 158  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Charles Marion 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 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) Oct 21 1930

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. 17

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Infant  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall

10. NAME OF FATHER Edgar C Scott

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Hickory Co Mo.

12. MAIDEN NAME OF MOTHER Ruth Crumley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Nelson Mo.

14. INFORMANT Edgar C Scott  
(Address) Marshall Mo

15. FILED 11-15-30 Mrs. John H. McGuire  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 8 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 8 1930 to Nov 8 1930 that I last saw h. i. m. alive on Nov 30, 1930, and that death occurred, on the date stated above, at 6:30 A. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Subsided heart

199 (duration) yrs. mos. ds. 1999

CONTRIBUTORY (SECONDARY) 204 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 204  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Clinical  
(Signed) J. H. McGuire M. D.

11/8 1930 (Address) Marshall Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Smith Chapel DATE OF BURIAL Nov 9 1930

20. UNDERTAKER L. R. Vandiner ADDRESS Marshall Mo.

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.

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