JAN 22 1929

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

Do not use this space.

39687

1. PLACE OF DEATH
County Callaway — Registration District No. 111 — File No.
Township — Primary Registration District No. 5161 — Registered No.
City Tebbetts, Mo (No. ..... St. ..... Ward)

2. FULL NAME John Edward Scott
(a) Residence No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 22 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): Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Betty Scott

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 7 1859

7. AGE: Years 69 — Months 5 — Days 22 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN): Not Known
(STATE OR COUNTRY): Virginia

PARENTS
10. NAME OF FATHER: Scott
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Not Known
(STATE OR COUNTRY): Virginia
12. MAIDEN NAME OF MOTHER: Elizabeth Knodz
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Not Known
(STATE OR COUNTRY): Virginia

14. INFORMANT: Chas. A. Scott
(Address): Tebbetts, Mo.

15. FILED ..... 19 ..... REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12-28 1928

17. I HEREBY CERTIFY, That I attended deceased from January, 1928, to June, 1928 that I last saw h[illegible] alive on 12 [illegible] 12-28, 1928, and that death occurred, on the date stated above, at 10:00 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cardiitis + Mitral insufficiency.
92A
95B (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Excitement
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [illegible] M. D
, 19 (Address) Mokane 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: River View Cemetery — DATE OF BURIAL: 12-29 1928

20. UNDERTAKER: C W Musgrove — ADDRESS: Mokane, 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.