

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

Do not use this space.

3096

**1. PLACE OF DEATH**

County Randolph  
Township Union  
City Union

Registration District No. 735  
Primary Registration District No. 3971

File No. \_\_\_\_\_  
Registered No. 19  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

George V Scott

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**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) Oct 25 - 1896

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>32</u>	<u>3</u>	<u>2</u>	

**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) Mo  
(STATE OR COUNTRY)

10. NAME OF FATHER Walter Scott

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Maggie Carroll

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

14. INFORMANT Walter Scott  
(Address) R. F. P. Moberly, Mo.

15. FILED 1/29/29 D. Thos. Fleming  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 27 - 1929

17. I HEREBY CERTIFY That I attended deceased from July - 20 - 1928, to Jan - 27 - 1929 that I last saw him... alive on Jan - 27 - 1929, and that death occurred, on the date stated above, at 11:55 P. M.

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

Tuberculosis of lungs.

(duration) 1 yrs. - mos. - da.

CONTRIBUTORY (SECONDARY) none  
(duration) \_\_\_\_\_ yrs. - mos. - da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH: at place of death.

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Microscopical Exam, Sputum  
(Signed) E. H. Shradler, M. D.  
1-29-29 (Address) Moberly, Mo.

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

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Salem DATE OF BURIAL 1-29-29

28. UNDERTAKER Mahan & Son ADDRESS Moberly, 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.

88  
202  
20  
1  
2  
2

