APR 30 1930

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

Do not use this space.

11317

1. PLACE OF DEATH

County: SCOTLAND — Registration District No. 810

Township: JEFFERSON — Primary Registration District No. 4488

City: MEMPHIS (No. ..., ... St. ... Ward)

File No. ...

Registered No. 22

2. FULL NAME JOHN HENRY SCOTT

(a) Residence. No. 332 N. LINCOLN St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. 8 mos. — ds. How long in U.S., if of foreign birth? 44 yrs. 9 mos. 20 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
MALE	WHITE	MARRIED

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF SARAH ANN (TWOMLOW) SCOTT

6. DATE OF BIRTH (MONTH, DAY AND YEAR) JULY 5 1847

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
	82	8	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: BUILDER

(b) General nature of industry, business, or establishment in which employed (or employer): —

(c) Name of employer: —

9. BIRTHPLACE (CITY OR TOWN) STROWBRIDGE
(STATE OR COUNTRY) ENGLAND

PARENTS

10. NAME OF FATHER EDWARD SCOTT

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

12. MAIDEN NAME OF MOTHER MARY —

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

14. INFORMANT SARAH ANN SCOTT
(Address) MEMPHIS MO

15. FILED 4/2 1930 E. E. Parrish REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 24 1930

17. I HEREBY CERTIFY That I attended deceased from March 1 1930, to March 20 1930, that I last saw him alive on March 14 1930, and that death occurred, on the date stated above, at ... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Asthma

112

(duration) 5 yrs. ... mos. ... ds.

CONTRIBUTORY (SECONDARY) 165

(duration) ... yrs. ... mos. ... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? ...

0 DID AN OPERATION PRECEDE DEATH? ... DATE OF ...

WAS THERE AN AUTOPSY? ...

WHAT TEST CONFIRMED DIAGNOSIS? ...

(Signed) E. E. Parrish, M. D.

4/2, 1930 (Address) Memphis, 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	DATE OF BURIAL
Memphis cemetery	3/26 1930

20. UNDERTAKER	ADDRESS
J. R. Payne Sons	Memphis

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.

91 2 2 37 8 31