

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

Do not use this space

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis*

Registration District No. *791*
Primary Registration District No. *1003*

File No.....
Registered No. *2665*
St. Ward)

2. FULL NAME

(a) Residence. No. *5708 Southwest av* : Ward. *13*
(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) *married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Ida Scott*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *May 31 - 1867*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
68 8 25

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Candy Merchant*
(b) General nature of industry, business, or establishment in which employed (or employer) *190*
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Scotland*

10. NAME OF FATHER *Robert Scott*

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

12. MAIDEN NAME OF MOTHER *Jael Howard*

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

14. INFORMANT *Ida Scott*
(Address) *5708 Southwest av*

15. FILED *May 1917*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Febry 26 1931*

17. I HEREBY CERTIFY, That I attended deceased from *20th Jan 1928*, to *30th Jan 1929*, that I last saw him alive on *30th Jan 1929*, and that death occurred, on the date stated above, at *9 P. M.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

He had chronic myocarditis - His condition was serious when I last saw him - ABC (duration) several years

CONTRIBUTORY (SECONDARY) *[Lover] (duration) several years*

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH *J.W. 2/28/31*

DID AN OPERATION PRECEDE DEATH? *no* DATE OF *2/28/31*

WAS THERE AN AUTOPSY? *no*
WHAT TEST CONFIRMED DIAGNOSIS? *clinical*
(Signed) *Dew Huter*, M. D.

2.27.1931 (Address) *St. Louis, Mo. 3720 Washington*

*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 *La Crosse Wis* DATE OF BURIAL *March 1 1931*

20. UNDERTAKER *Element and Co. S. Grand Blvd* ADDRESS *2717*

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

He had heart disease of such nature that
death might occur suddenly. I am told
that he died within an hour after
being spotted - New Green, Md.