

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

Do not use this space.

29573

**1. PLACE OF DEATH**

49 County Jasper Registration District No. 411  
7 Township Joplin Primary Registration District No. 2002  
5 City Joplin (No. 2801 E. 15th St.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

**2. FULL NAME**

Fredrick Scott  
(a) Residence, No. 2801 E. 15th St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 21 yrs. 11 mos. 26 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 Anna Maria Scott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 19, 1949

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
83 7 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Jeweler  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) Dec. 1946 11. Total time (years) spent in this occupation 5.2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Council Bluffs, Iowa

FATHER 13. NAME William Scott

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Mary Jane Fredrick

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT (ADDRESS) Mrs. E. E. Payne  
2801 E. 15th St. Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL Parke Cemetery - Carthage Sept 22, 1932

19. UNDERTAKER (ADDRESS) Leather Mortuary  
Joplin, Mo.

20. FILED 9/27 1932 Almond Clark Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1932 to Sept 20, 1932  
Last saw him alive on Sept 17, 1932 Death is said to have occurred on the date stated above, at 3:45 P.M.  
The principal cause of death and related causes of importance were as follows:

Fracture of hip  
Craniat. destruction  
186A  
144B  
Other contributory causes of importance: General arteriosclerosis

Date of onset 7/4/32  
7/4/32

Name of operation 186A Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury 7/4, 1932  
Where did injury occur? Joplin Mo. (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury fall down  
Nature of injury Fracture of neck of femur

24. Was disease or injury in any way related to occupation of deceased? no.  
If so, specify \_\_\_\_\_  
(Signed) Reid L. Neff, M. D.  
(Address) Joplin Mo.

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

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.

OCT 26 1932

