

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

Do not use this space.

JUL 12 1935

**1. PLACE OF DEATH**

County ..... Registration District No. **791**  
 Township ..... Primary Registration District No. **1003**  
 City St. Louis No. St. Lukes Hospital

File No. **21082**  
 Registered No. **4996**  
 St. .... Ward)

**2. FULL NAME**

Minnie Agnes Scott  
 (a) Residence, No. 440 S. Parkwood Rd. St. Ward Parkwood, Mo  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 6 mos. ds. How long in U. S., if of foreign birth? 52 yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank M. Scott</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 2, 1850</u>		
7. AGE YEARS <u>85</u>	MONTHS <u>1</u>	DAYS <u>13</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
13. NAME <u>John Lewis</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
17. INFORMANT <u>George E. Scott</u> (ADDRESS) <u>4605 Wendell Blvd.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Oak Grove Mausoleum</u> DATE <u>June 8, 1935</u>		
19. UNDERTAKER <u>Alexander Ed Gore</u> (ADDRESS) <u>617 S. Delmar</u>		
20. FILED <u>JUN - 7 1935</u> 19 <u>J. F. Bredeck</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1932 to June 6, 1935  
 I last saw her alive on 5/6, 1932 Death is said to have occurred on the date stated above, at 5 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Myocarditis chronic Date of onset 10  
930  
 Other contributory causes of importance:  
Arteriosclerosis 5  
General

Name of operation ..... 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? ..... Date of injury ..... 19.....  
 Where did injury occur? ..... (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
 Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify No  
 (Signed) K. F. Blakely, M. D.  
 (Address) 3720 Washington

WHITE PRINTED, 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.

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