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.

DEC 3 1936

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

Do not use this space.

42676

Registration District No. 791

Primary Registration District No. 1003

File No.

Registered No. 11184

1. PLACE OF DEATH

County

Township

City St. Louis (No. Peoples Hosp. St. Ward)

2. FULL NAME George Scott

(a) Residence, No. 3001 Lawton St., 21 Ward.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	Negro	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David W. Scott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not known

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
about 57	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas

FATHER

13. NAME Wm. Scott

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

MOTHER

15. MAIDEN NAME Catherine Williams

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

17. INFORMANT Maud Shaw
(ADDRESS) 2906 Lawton

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Peters DATE 11-12 1936

19. UNDERTAKER J. H. Harrison
(ADDRESS) 2906 Lawton Blvd.

20. FILED NOV 10 1936 J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 9, 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1936, to Nov 9, 1936

I last saw h~~e~~ alive on Nov 8, 1936. Death is said to have occurred on the date stated above, at 2:15am

The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	

Other contributory causes of importance:

Name of operation ✗ Date of

What test confirmed diagnosis? ✗ 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? No

If so, specify

(Signed) N. P. Curtis, M. D.

(Address) 219 N. Jefferson