APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 10652

Township ..... Primary Registration District No. 1003 Registered No. 3226

City ST. LOUIS (No. 4930 Lindell Park Lane, Hosp. St. ..... Ward)

2. FULL NAME EUNICE SCOTT

(a) Residence, No. 3967 West Pine St., 19 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ROY SCOTT

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 20-1905

7. AGE: YEARS 32 MONTHS 1 DAYS 3 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSE WIFE
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): MAYNARD ARK

FATHER
13. NAME: JAMES CARROZZ
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MAYNARD ARK

MOTHER
15. MAIDEN NAME: VIRGINIA JOHNSON
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MAYNARD ARK

17. INFORMANT (ADDRESS): Roy Scott 3967 West Pine

18. BURIAL, CREMATION, OR REMOVAL PLACE: HIRAM Cemetery DATE: Mar 25 1937

19. UNDERTAKER (ADDRESS): L. B. Tanner 6107 Natural Bridge Rd

20. FILED MAR 24 1937 19 J F Bledeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from March 22, 1937, to March 23, 1937

I last saw her alive on March 23, 1937. Death is said to have occurred on the date stated above, at 2:45 a.m.

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

	Date of onset
Eclampsia puerperal	3/22

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Other contributory causes of importance:
Acute nephritis
Pulmonary edema

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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 .....

(Signed) [signature], M. D.

(Address) 4930 Lindell Blvd.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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