

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

Do not use this space.

DEC 9 MAR 14 1938

1. PLACE OF DEATH

County Jackson
Township Franklin
City Franklin (No. General Hosp. #2)

Registration District No. 399
Primary Registration District No. 1002

File No. 5516
Registered No. 582
St. 3rd Ward

2. FULL NAME

(a) Residence, No. 1215 Highland Ward. 300
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Erma Scott
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-15-1892
7. AGE YEARS 46 MONTHS 6 DAYS 15 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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. Yes
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yes
13. NAME Horace Scott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yes
15. MAIDEN NAME deceased unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
17. INFORMANT Record Clerk General Hospital
18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Lawn DATE 2-5-38
19. UNDERTAKER H. Moore (ADDRESS) 182 1/2 E. 7th St. K.C.Mo.
20. FILED 7/4 1938 M. M. Crow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-30, 1938
22. I HEREBY CERTIFY, That I attended deceased from 12-4, 1937, to 1-30, 1938
I last saw him live on 1-30, 1938 Death is said to have occurred on the date stated above, at 10:15 A.M.
The principal cause of death and related causes of importance were as follows:
Tuberculous Peritonitis
Other contributory causes of importance:
Tuberculous Enteritis
Name of operation Clinical Date of No
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? No
If so, specify _____ (Signed) J. Churley M.D.
(Address) General Hosp. #2

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.

