

REC'D OCT 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

30847

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1903**
 (c) City **St Louis** (d) Street No. **De Paul Hosp.** Registered No. **8284**
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Bessie Vaughan Scott
 (a) Residence, No. **7156 Pershing Ave** St. **W** **U. City Mo.**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	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 Frank R. Scott		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13, 1861		
7. AGE YEARS 77	MONTHS 2	DAY 9
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as saw mill, bank, etc. at home		
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) Paducah, Ky.		
13. NAME Sol C. Vaughan		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Missouri		
15. MAIDEN NAME Julia Dade		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri		
17. INFORMANT (ADDRESS) Vaughan, Scott, # 7156 Pershing Ave		
18. BURIAL, CREMATION, OR REMOVAL PLACE Paducah, Ky. DATE 9-22-38		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. R. Rupton & Son # 7233 Delmar Blvd		
20. FILED SEP 21 1938 J. F. Bredeck Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 21, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Sept 26**, 19**38**, to **Sept 21**, 19**38**. I last saw her alive on **Sept 21**, 19**38**. Death is said to have occurred on the date stated above, at **7:35 A.M.**

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage (Hemiplegia)

Other contributory causes of importance: **None**

Name of operation **None** Date of **None**
 What test confirmed diagnosis? **None** Was there an autopsy? **Yes**

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 **None**

(Signed) **W. H. Jones**, M. D.
 (Address) **3701 W. Main St. Pe**

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

B. A. Miles

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

B. A. Miles

Licensed Embalmer No.....

29011

P. O. Address.....

7533 Delmar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.