

REC'D OCT 7 1938

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

33128
Do not use this space.

1. PLACE OF DEATH

(a) County Ray Registration District No. 743
(b) Township Orrick Primary Registration District No. 4445 Registered No. 19
(c) City Orrick (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Silas K. Scott 3A-7

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harriet Catherine Tarwater

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 25, 1859

7. AGE YEARS 79 MONTHS 1 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as 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) Ray County

FATHER 13. NAME Henry Scott

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

MOTHER 15. MAIDEN NAME Elizabeth Lewis

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

17. INFORMANT (ADDRESS) Mrs. G. Ellis
Orrick, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Raffe Cemetery DATE 9-29-38

19. FUNERAL DIRECTOR (ADDRESS) Gibson & Son
Orrick, Missouri

20. FILED 9/29/1938 W.D. Campbell, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-27-38 . 1938

22. I HEREBY CERTIFY, That I attended deceased from July 20, 1938 to Sept. 27, 1938
I last saw him alive on Sept. 27, 1938. Death is said to have occurred on the date stated above, at 10 p.m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage (head) Date of onset 9/24/38
Cerebral thrombosis 6/38
Generalized arteriosclerosis & hypertension ?

Other contributory causes of importance:
None
Name of operation None 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? None Date of injury _____, 19____
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) W.D. Campbell, M. D.
Orrick, Mo.

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, C. V. Gibson, Licensed Embalmer No. 2299

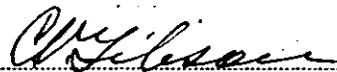
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by E. C. Gibson, Registered Apprentice No. 151

working under my personal supervision.

Signed.....



..... Licensed Embalmer No. 2299

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.)