

NOV 14 1938

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

Do not use this space.

35122

1. PLACE OF DEATH

County BuchananRegistration District No. 85Township WashingtonPrimary Registration District No. 1001City St. Joseph(No. 1001 of Metropolitan Hospital)File No. 1017Registered No. 1017

St. _____ Ward)

2. FULL NAME

Richard LeRoy Scott(a) Residence, No. 1112 Bell St. St. _____ 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. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Boy

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

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

Oct. 8, 1938

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, _____ hrs. or _____ min.

1 1/2 02

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)

St. Joseph Mo

MOTHER FATHER

13. NAME

LeRoy Scott

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

St. Joseph Mo

15. MAIDEN NAME

Ellen Groves

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

St. Joseph Mo

17. INFORMANT

LeRoy Scott

(ADDRESS)

1112 Bell St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Mary's

DATE

10/11/38

19. UNDERTAKER

(ADDRESS)

Halter Meischer

20. FILED

Oct 11 38St. Joseph

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Oct. 10 1938

22. I HEREBY CERTIFY, That I attended deceased from

Oct. 8 1938 to Oct. 10 1938I last saw him alive on Oct. 10 1938 Death is saidto have occurred on the date stated above, at 10:20 a.m.

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

Pulmonary atelectasis Date of onset 10-9-38of newborn

Other contributory causes of importance:

Possible birth injury?

Name of operation

Date of

What test confirmed diagnosis? Clin. Was there an autopsy? 10

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) E. E. Wadlow, M. D.(Address) 209 Kansas St., St. Joseph

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, William H. Kelly, Licensed Embalmer No. 3946
hereby certify that the body recorded on the reverse side of this
Certificate was embalmed by not embalmed
or by _____, Registered Apprentice No _____

(Signed) W. H. Kelly
Licensed Embalmer No. 3946

NOTE: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his own handwriting.
(Failure to comply with the above condition constitutes a fraud for violation of the law.)