

REC'D APR 18 1939

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

10942
Do not use this space.

1. PLACE OF DEATH
 (a) County Vernon Registration District No. 347
 (b) Township Clinton Primary Registration District No. 301R
 (c) City Clinton (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 Wm A Scott
 (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 M 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 Martha Scott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28, 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
72 5 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as saw mill, bank, etc. farmer

10. Date deceased last worked at this occupation (month and year) Oct. 1938 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cass County, Missouri

FATHER 13. NAME Samuel Thomas Scott
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Effingham County, Illinois

MOTHER 15. MAIDEN NAME Martha Ann Wood
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Jim Scott
Bequa Oklahoma

18. BURIAL, CREMATION, OR REMOVAL PLACE Leoniam, Mo DATE March 15, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Conrad + Pleh
Clinton, Mo.

20. FILED 3-20-39 Dr J. B. Hampton
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 13, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 9, 1939 to Mar 13, 1939
 I last saw him alive on Mar 13, 1939. Death is said to have occurred on the date stated above, at 3:20 p.m.
 The principal cause of death and related causes of importance were as follows:
Solar pneumonia Date of onset Mar 11/39
11/4
 Other contributory causes of importance: Dyspnea Mar 5/39

Name of operation none Date of _____
 What test confirmed diagnosis physical 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. none

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) S. B. Hughes M. D.
Clinton, Mo. (Address)

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.

1 X16605

RECEIVED

District Health Officer No. 71
District File Number 7-29-65-4
Date Filed 4-17-29

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, or by.....

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

Signed..... *M. D. Snow*

Licensed Embalmer No. *4034*

P. O. Address *Clinton, Mo.*

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.