

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

39263

Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 577
 (b) Township Pilot Grove Primary Registration District No. 5775 Registered No. 13
 (c) City 2 (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. (If foreign born in U.S., if of foreign birth? yrs. mos. ds.)

2. PRINT FULL NAME

John Nichlos Scott
 (a) Residence, No. Moniteau, County, 0 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June. 15. 1891		
7. AGE 49	YEARS 4	MONTHS 30
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. Farmer
10. Date deceased last worked at this occupation (month and year) 5 days		11. Total time (years) spent in this occupation 33. Yr
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0		
13. NAME James M. Scott		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0		
15. MAIDEN NAME Elizabeth J Birdsong		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0		
17. INFORMANT <u>George Scott</u> (ADDRESS) <u>Blizonia Mo.</u>		
18. BURIAL PLACE <u>Flag Spring Cem</u> DATE <u>Nov. 17 1940</u>		
19. FUNERAL DIRECTOR (NAME) <u>Bowlin Funeral Home</u> (ADDRESS) <u>California. Mo.</u>		
20. FILED <u>Nov 16 1940</u> <u>Nadine Latham</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14 1940

22. I HEREBY CERTIFY, That I attended deceased from Nov 9 1940, to Nov 14 1940
 I last saw him alive on Nov 14 1940. Death is said to have occurred on the date stated above, at 11:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Acute Bronchitis
Maligant Epithelioma of Nephritis 1939
 Other contributory causes of importance:
none
 Name of operation none Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? _____

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) Edgar A. Kelly M. D.
 (Address) California

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Carl R. Boulton

Licensed Embalmer No. 2126

P. O. Address California

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.