

**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. da. (If foreign birth? yrs. mos. da.)

**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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED: HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>June. 15. 1891</b>		
7. AGE <b>49</b>	YEARS <b>4</b>	MONTHS <b>30</b>
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. <b>Farmer</b>
10. Date deceased last worked at this occupation (month and year) <b>5 days</b>		11. Total time (years) spent in this occupation <b>33. Yr</b>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Missouri 0</b>		
13. NAME <b>James M. Scott</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Missouri 0</b>		
15. MAIDEN NAME <b>Elizabeth J Birdsong</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Missouri 0</b>		
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 1939  
Nephritis

Other contributory causes of importance:  
Maligant Epithelioma 1939  
Nephritis

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. Boulin  
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.**