

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. _____
 (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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-27-38 19385A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harriet Catherine Tarwater22. I HEREBY CERTIFY, That I attended deceased from July 20, 1938, to Sept. 27, 19386. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 25, 1859I last saw him alive on Sept. 27, 1938. Death is said7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 79 1 2to have occurred on the date stated above, at 10 p. m.

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. FarmerCerebral Hemorrhage (head) Date of onset 9/24/38

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

Cerebral thrombosis 6/38

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Other contributory causes of importance:

Generalized arteriosclerosis & hypertension ?12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ray CountyFATHER 13. NAME Henry Scott14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.MOTHER 15. MAIDEN NAME Elizabeth Lewis16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT (ADDRESS) Mrs. G. Ellis
Orrick, Missouri18. BURIAL, CREMATION, OR REMOVAL PLACE Raffe Cemetery DATE 9-29-38 193819. FUNERAL DIRECTOR (ADDRESS) Gibson & Son
Orrick, Missouri20. FILED 9/29/1938 W. D. Campbell (Address) Orrick, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 the above constitutes grounds for revocation of license.)