

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 See instructions on back of certificate.

2835 ✓
(45) x

1 PLACE OF DEATH
County Washington
WITIN CORPORATE LIMITS OF
Village or City Hagerstown (No. 141, W. Washington St.; 1st Ward)
Registration Dist. No. 302

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Norman Bruce Scott Jr.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>M</u>	4 COLOR OR RACE <u>W</u>	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) <u>Single</u>	16 DATE OF DEATH <u>2</u> <u>25</u> , 19 <u>21</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>April 26</u> , 18 <u>56</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>July 24</u> , 19 <u>20</u> , to <u>Feb 24</u> , 19 <u>21</u> , that I last saw h. <u>in</u> alive on <u>Feb 20</u> , 19 <u>21</u> , and that death occurred on the date stated above, at <u>12:30</u> a.m.	
7 AGE <u>64</u> yrs. <u>9</u> mos. <u>29</u> ds. If LESS than 1 day, hrs. OR min. ?			The CAUSE OF DEATH * was as follows: <u>Carcinoma of Colon</u>	
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>Lawyer</u> (b) General nature of industry business, or establishment in which employed (or employer)			Several month (Duration) yrs. mos. ds. Contributory <u>Unknown</u> Secondary	
9 BIRTHPLACE (State or country) <u>Maryland</u>			(Signed) <u>J. M. P. Scott</u> , M. D. <u>Feb 20</u> , 19 <u>21</u> (Address) <u>Hagerstown, Md.</u>	
PARENTS	10 NAME OF FATHER <u>Norman Bruce Scott</u>	* State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.		
	11 BIRTHPLACE OF FATHER (State or country) <u>Maryland</u>	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs. mos. ds. in the State, yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence		
	12 MAIDEN NAME OF MOTHER <u>Catherine McPherson</u>	19 PLACE OF BURIAL OR REMOVAL <u>Rose Hill</u>		
13 BIRTHPLACE OF MOTHER (State or country) <u>Pennsylvania</u>	20 UNDERTAKER <u>Edw. J. Scott</u>			
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>J. M. P. Scott</u> (Address) <u>141 W. Wash. St.</u>			DATE OF BURIAL <u>2/27</u> , 19 <u>21</u>	
15 Filed <u>2/26</u> - <u>21</u> <u>Henry Davis</u> REGISTRAR			ADDRESS <u>Hagerstown</u>	