

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

Do not use this space.

10808
1317

1. PLACE OF DEATH

County Jackson Registration District No. _____
 Township Rain Primary Registration District No. _____
 City Kansas City (No. St. Marys Hosp.) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

Ernest Scuter
 (a) Residence. No. 528 Cypress St. 10 Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. _____ mos. 14 ds. _____ How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joe Scuter</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Mar 31 1892</u>		
7. AGE YEARS <u>56</u>	MONTHS <u>3</u>	DAYS <u>15</u>
If LESS than 1 day, _____ hrs. or _____ min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Black smith
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer Mo Pac Shop

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) West Virginia

10. NAME OF FATHER J. H. Scuter

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Joe Scuter

(Address) 528 Cypress

15. FILED _____, 19 _____ REGISTRAR _____

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 15 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1929, to Mar 15, 1929 that I last saw him alive on Mar 14, 1929, and that death occurred, on the date stated above, at 1:40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Descompensation
90 B
 (duration) yrs. _____ mos. 19 ds. _____

CONTRIBUTORY (SECONDARY) Pulmonary Emphysema
 (duration) yrs. _____ mos. _____ ds. _____

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. 528 Cypress

(1) DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy findings
 (Signed) J. E. Carstew, M. D.

3-15-1929 (Address) 1001 Chambers Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Wash. DATE OF BURIAL 3/16 1929

20. UNDERTAKER Mrs. C. D. Foster ADDRESS City

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CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County..... Registration District No. 309 File No.....
 Township..... Primary Registration District No. 1002 Registered No. 1317
 City R. City (No.) St. Ward)

2. FULL NAME

Edward Oswald Switzer
 (a) Residence. No. St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>m</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. of min.
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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work (duration) yrs. mos. ds.
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT (Address)

15. FILED 3/16 1929 M. M. Corwin REGISTRAR
Ans

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/15 1929

17. I HEREBY CERTIFY That I attended deceased from 19..... to 19..... that I last saw h..... alive on 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....

(Signed)....., M. D.

, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

20. UNDERTAKER ADDRESS

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

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