

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

Do not use this space.

**1. PLACE OF DEATH**

County Worth Henry  
Township White Oak  
City Worth (No. .... St. .... Ward)

Registration District No. 347  
Primary Registration District No. 5495

File No. 24239  
Registered No. 120

**2. FULL NAME**

(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 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</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>Mary Scramton</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 14, 1870</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>10</u>	DAYS <u>28</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Drayman</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Gen. Hauling</u>		
10. Date deceased last worked at this occupation (month and year) <u>Jan. 1934</u>		
11. Total time (years) spent in this occupation <u>14 yrs.</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ossawatimie, Kansas</u>		
13. NAME <u>Ward Clark Scramton</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. Ill</u>		
15. MAIDEN NAME <u>Amanda Currier</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo. Ill</u>		
17. INFORMANT <u>Mrs. Geo. Brock</u> (ADDRESS) <u>Worth Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Worth Cemetery</u> DATE <u>July 13, 1934</u>		
19. UNDERTAKER <u>H.P. Smith</u> (ADDRESS) <u>Worth Mo.</u>		
20. FILE <u>8-6</u> <u>34 J. R. Hampton</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12, 1934

22. I HEREBY CERTIFY that I attended deceased from Jan 21, 1934 to July 12, 1934.  
I last saw him alive on July 12, 1934. Death is said to have occurred on the date stated above, at 8:20 A.M.  
The principal cause of death and related causes of importance were as follows:  
Hepatic Cirrhosis 3 yrs  
Cardiac Dilatation 1 yr

Name of operation ..... Date of .....  
What test confirmed diagnosis? Physical. Was there an autopsy? no

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) J. S. McDonald, M. D.  
(Address) Worth Mo.

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.

AUG 13 1934

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