

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.

48
99

16-211

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

MAR 20 1935

Do not use this space.

5599

1. PLACE OF DEATH

County Jackson
Township Keokuk
City Kansas City, Mo. (No. 5143 Lydea)

Registration District No. 399
Primary Registration District No. 1002

File No.
Registered No. 894
St. Ward)

2. FULL NAME

Richard Edwin Scruggs Jr

(a) Residence, No. 5143 Lydea St., Ward.

(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 Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-28-1934

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>X</u>	<u>1</u>	<u>27</u>	

OCCUPATION

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. Infant

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

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas City Mo.,

MOTHER FATHER

13. NAME R. E. Scruggs.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tierney Mo.,

15. MAIDEN NAME Gladis Ruth Arthur.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) JW Scott Kansas

17. INFORMANT (ADDRESS) Mrs R.E. Scruggs. 5143 Lydea Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Moreau DATE 2/26 1935

19. UNDERTAKER (ADDRESS) O. V. MAST FUNERAL HOME, Inc. 3146 Main St

20. FILED 2/26 1935 M. M. Brown & Son Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 24 1935

22. I HEREBY CERTIFY, That I attended deceased from February 2 1935 to Feb 24 1935

I last saw him alive on Feb 24 1935. Death is said to have occurred on the date stated above, at 6:45 P. M.

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

<u>Broncho pneumonia</u>	Date of onset <u>2/23-35</u>
<u>"Cold"</u>	<u>2/19-35</u>
<u>1070</u>	
Other contributory causes of importance:	
<u>Congested Chest</u>	<u>1/28-34</u>
<u>Crisis of liver & spleen</u>	<u>1/1-35</u>

Name of operation Date of
What test confirmed diagnosis? 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 Edwin Henry Johnson (Signed) 822 Pickett Bldg, K.C. Mo M. D.

Ed. Scherer

Via 4547

True Thin. 807

Rualloddy

Georgian Count 10E 41 24