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 20 1935

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

Do not use this space.

22952

1. PLACE OF DEATH

County Jackson — Registration District No. 3 — File No. 2684

Township ~~Kaw~~ — Primary Registration District No. — Registered No.

City Kansas City (No. St. Joseph Hospital St. Ward)

2. FULL NAME Mrs. Dora B. Scrivner

(a) Residence, No. Moberly Mo. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Fe.
4. COLOR OR RACE: Wh.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 5th. 1887

7. AGE: YEARS 48 — MONTHS 1 — DAYS 27 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Saleswoman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothing
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): Mo.

FATHER

13. NAME: W.R. Scott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo.

MOTHER

15. MAIDEN NAME: No Data
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): No Data

17. INFORMANT (ADDRESS): Miss Zella Miller, 720 W. 48th. Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Moberly Mo. DATE 7/3/35 19

19. UNDERTAKER (ADDRESS): W.F. Mayberry, City

20. FILED July 3, 1935 M. M. Crome, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 3rd. 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935, to July 3, 1935

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3:05AM

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

	Date of onset
Surgical shock following operation Fibroids of both broad ligaments (non malignant)	7/2/35

Other contributory causes of importance:

54c

Name of operation as above Date of 7/2/35

What test confirmed diagnosis? Clinical Was there an autopsy? yes

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) Hark Neal, M. D.

(Address) 736 Argyle Bldg Kc Mo