

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

Do not use this space.

40156

OCT 21 1936

1. PLACE OF DEATH

County Vernon Registration District No. 875
 Township Washington Primary Registration District No. 6167
 City Washington Mo (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 287

2. FULL NAME

(a) Residence, No. Springfield Mo St. _____ Ward 185TH Campbell
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 Mo How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-7-1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>51</u>	<u>6</u>	<u>0</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) Unknown

13. NAME M. B. Scrivener

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Landon County Mo

15. MAIDEN NAME Jay Adams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Landon County Mo

17. INFORMANT Clell Scrivener

18. BURIAL, CREMATION, OR REMOVAL

PLACE Springfield Mo DATE Oct. 8 1936

19. UNDERTAKER Hay Funeral Service

20. FILED 10/8 1936 M. C. McKinley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 7 1936

22. I HEREBY CERTIFY That I attended deceased from 4pm Oct 6 1936 to 8:30am Oct 7 1936

I last saw him alive on Oct 7 1936 Death is said

to have occurred on the date stated above, at 8:30 am

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

Mesenteric Thrombosis

Chronic adherent Pericarditis

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____

(Signed) C. J. McCannell, M. D.

(Address) State Hosp #3 Nevada Mo

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.

