

REC'D MAR 21 1938

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

Do not use this space.

## 1. PLACE OF DEATH

County Moore  
Township Jefferson  
City Jefferson (No. ....)

Registration District No. 573  
Primary Registration District No. 573A

File No. 7508  
Registered No. ....  
St. .... Ward

## 2. FULL NAME

Robert Dudley Scabee, 100  
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17<sup>th</sup> 1850

7. AGE YEARS MONTHS DAY If LESS than 1 day, .... hrs. or .... min.  
87 8 16<sup>28</sup>

OCCUPATION 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 Retired Farmer

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Moore Co, Mo.

MOTHER 13. NAME Stephen Scabee

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

15. MAIDEN NAME Francis Wood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky.

17. INFORMANT Paul Jordan (ADDRESS) Stouffville, Mo.

18. BURIAL, CREATION, OR REMOVAL PLACE Stouffville Cem. DATE 2/16 1938

19. UNDERTAKER Grover A. Bivan (ADDRESS) Stouffville, Mo.

20. FILED 5020 1938 W. J. Thompson Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-15, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1-11, 1937, to 2-15, 1938

I last saw him alive on Feb. 13<sup>th</sup>, 1938. Death is said to have occurred on the date stated above, at 1:30 a.m., Feb. 15-38

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

coronary thrombosis

Date of onset  
2-10-38

Other contributory causes of importance:

complications of old age

Name of operation none 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? No

If so, specify

(Signed) Mellie E. Christman D.O.

515 (Address) Parris, 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.

X 729A

UNITED STATES DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT  
WASHINGTON, D. C. 20250



Public Lands Office

[The main body of the document contains several paragraphs of text that are extremely faint and illegible due to the quality of the scan. The text appears to be a formal notice or report, possibly related to land management or public lands. There are some faint words and phrases visible, such as "Public Lands Office" and "Bureau of Land Management", but the rest is too light to transcribe accurately.]

