

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

25306
Do not use this space.

1. PLACE OF DEATH
 (a) County Barren 9 Registration District No. 135
 (b) Township Barren 1 Primary Registration District No. 3010 Registered No. 88
 (c) City Barren (d) Street No. 1 North Falger St St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Lewis Scarce
 (a) Residence, No. 1 N Falger St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-28-1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>53</u>	<u>7</u>	<u>16</u>		

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Hotel mng
 9. Industry or business in which work was done, as 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) Hopkinsville Mo

FATHER
 13. NAME Henry Scarce
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
 15. MAIDEN NAME Laura L. Houston
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) R C Downing
Hopkinsville Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Hopkinsville DATE 7-16 1939

19. FUNERAL DIRECTOR (ADDRESS) Willis Marshall
Carrollton Mo

20. FILED 7-15 1939 Keith Haskem Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-14 1939

22. I HEREBY CERTIFY, That I attended deceased from 7-14 1939 to 7-14 1939
 I last saw him alive on 7-14 1939 Death is said to have occurred on the date stated above, at 10:15 m.
 The principal cause of death and related causes of importance were as follows:
435
Coronary Thrombosis
 Date of onset

Other contributory causes of importance: 94

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? no 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) H. B. Deconert M. D.
Carrollton Mo (Address)

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.

RECEIVED
District Health Officer No. 8
File Number
87139
Filed

STATEMENT BY LICENSED EMBALMER

I, R. M. Marshall, Licensed Embalmer No. 2524-

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed R. M. Marshall

Licensed Embalmer No. 2525

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)