

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

7928

PLACE OF DEATH  
County Co. 2  
Township \_\_\_\_\_  
or \_\_\_\_\_  
Village Jefferson City  
or \_\_\_\_\_  
City Mo (NO \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

Registration District No. 213 File No. \_\_\_\_\_  
Primary Registration District No. 3014 Registered No. 49

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME Eddie Scooby

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Male</u>	COLOR OR RACE <u>Black</u>	SINGLE, MARRIED, WIDOWED OR DIVORCED <u>Don't know</u> (Write the word)
DATE OF BIRTH <u>Mar - 7, 1914</u> (Month) (Day) (Year)		
AGE <u>28</u> yrs. <u>x</u> mos. <u>x</u> ds. if LESS than 1 day, ___ hrs. or ___ min.?		
OCCUPATION (a) Trade, profession, or particular kind of work <u>Cornet</u> (b) General nature of industry, business, or establishment in which employed (or employer) <u>Shop</u>		
BIRTHPLACE (City or town, State or foreign country) <u>Don't know</u>		
PARENTS	NAME OF FATHER " "	
	BIRTHPLACE OF FATHER (City or town, State or foreign country) " "	
	MAIDEN NAME OF MOTHER " "	
	BIRTHPLACE OF MOTHER (City or town, State or foreign country) " "	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Mar - 9, 1914  
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Feb - 5, 1914, to Mar - 9, 1914, that I last saw him alive on Mar 9, 1914, and that death occurred, on the date stated above, at 10:40 a.m.

The CAUSE OF DEATH\* was as follows:  
Nephritis

(Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Contributory (SECONDARY)  
8 (Duration) \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

(Signed) Geo. L. McCutchan M. D.  
Mar - 10 - 1914 (Address)

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  
At place of death \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds. In the usual residence \_\_\_ yrs. \_\_\_ mos. \_\_\_ ds.

Where was disease contracted if not at place of death?  
Former or usual residence Howe Edinburgh Wyo.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Geo. L. McCutchan  
(ADDRESS) Jefferson City Mo  
Filed Apr. 19 1914 D. D. Buford REGISTRAR

PLACE OF BURIAL (OR REMOVAL)  
Kirksville Mo  
DATE OF BURIAL  
3/14 1914  
UNDERTAKER  
J. H. Kinnick, Esq.  
ADDRESS  
Jefferson City 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.

