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.

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

Do not use this space.

33775

1. PLACE OF DEATH

County Jackson — Registration District No. — File No.

Township Kaw — Primary Registration District No. — Registered No. 4545

City Kansas City (No. 3607 Gillham Road St. Ward)

2. FULL NAME George H. Scithers

(a) Residence. No. 3607 Gillham Road 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 17, 1856

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	71	7	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Mortgages
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Australia

PARENTS

10. NAME OF FATHER George Scithers
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) England
12. MAIDEN NAME OF MOTHER Julia Wallis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) England

14. INFORMANT Mrs Lucy Scithers
(Address) 3607 Gillham Road

15. FILED 11/29, 1927 M. M. Crain asst REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 29 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1919, to Nov 29, 1927, that I last saw him alive on Nov 29, 1927, and that death occurred, on the date stated above, at 10 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocarditis (chronic)
93C
132B
90B
(duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Uremia
(duration) yrs. mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Lab & Clinical (Eng)
(Signed) G. H. Hoxie, M. D
Nov 29, 1927 (Address) 1000 Rialto Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Forest Hill Cem	Dec. 1 1927
20. UNDERTAKER	**ADDRESS**
Stine & McClure	9240 Oak St.

Dr. Geo H. Hope
1000 Rialto Bldg