

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

Do not use this space.

1. PLACE OF DEATH

County Muller
Township Eldon
City Eldon (No.)

Registration District No. 561
Primary Registration District No. 4330

File No. 9836-a
Registered No. 44
St. Ward)

2. FULL NAME

Mrs Cordele Scrivner

(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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 1, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 / 10 / 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work farmer
(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) MO.

PARENTS

10. NAME OF FATHER Ben Scrivner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) MO

12. MAIDEN NAME OF MOTHER Not Known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) MO

14. INFORMANT Amie Scrivner
(Address) Eldon MO

15. FILED 6-10-28 Belle Haynes
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/4 1928

17. I HEREBY CERTIFY, That I attended deceased from 3-1 1928, to 3-27 1928, that I last saw breath alive on 3-23 1928, and that death occurred, on the date stated above, at 2808 W

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchitis Pneumonia
11 yrs. 10 mos. 6 ds.
CONTRIBUTORY (SECONDARY) Influenza
(duration) yrs. mos. 18 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? clinical

(Signed) E. C. Sailer, M. D.

, 19 (Address) Eldon MO

*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 Emon Cemetery DATE OF BURIAL 3/25 1928

20. UNDERTAKER W. G. Kelly's ADDRESS Eldon

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.

