

1928

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

Do not use this space.

1. PLACE OF DEATH

County St. Francois
Township Pendleton
City Shoe Run (No.)

Registration District No. 773
Primary Registration District No. 6028

File No. 28323
Registered No. 1210
St. Ward)

2. FULL NAME Alfred Scaggs

(a) Residence Shoe Run, Mo St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Lona Scaggs

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12/25/1902

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
85 6 25

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) Springfield (STATE OR COUNTRY) MO

10. NAME OF FATHER John Scaggs

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Andrew Raley (Address) Shoerun Mo, RFD 6

15. FILED 8/29/1928 B. J. Robinson REGISTRAR

MEDICAL CERTIFICATE OF DEATH 26

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-28 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 19 1928, to Aug 26 1928 that I last saw him alive on Aug 28 1928, and that death occurred, on the date stated above, at 7:20 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremia Poison
131
132B (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? DATE OF

20. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS. (Signed) Geo. F. Watkins, M. D. 8-27-1928 (Address) Garnington 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 DATE OF BURIAL
C.O.C. Shoerun Mo 8-29 1928

20. UNDERTAKER ADDRESS
Widener Used Co Garnington Mo

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.

[The main body of the document is extremely faint and illegible. It appears to contain several paragraphs of text, but the characters are too light to be transcribed accurately. There are some faint markings and what might be the start of a list or table, but they are not discernible.]

[Faint signature or stamp at the bottom right corner.]

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH.

City St. Francis
Township Pendleton
City (No.)

Registration District No. 473
Primary Registration District No. 60281

File No.
Registered No. 176
St. Ward)

2. FULL NAME

Alfred Scaggs

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb-1-1843

7. AGE YEARS MONTHS DAYS IF LESS than 1st day, hrs. or min.
85-6-25-

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work 1928-8-26 85-6-25 1843-2-1
(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)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14.

INFORMANT (Address)

15.

FILED 10 31 28 B. J. Robinson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-26-28

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw h..... alive on..... 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS

uremia Prison

CONTRIBUTORY (SECONDARY)

nephritis interstitial

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)....., M. D. , 19 (Address)

*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

20. UNDERTAKER

ADDRESS

19

K. 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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

SUPPLEMENTARY

5-28323