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

Do not use this space.

MAR 27 1929

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.

1. PLACE OF DEATH

County: St. Louis — Registration District No.: 1160 — File No.: 147932

Township: Central — Primary Registration District No.: 4470 High — Registered No.:

City: University City (No. University City School St. ..... Ward)

2. FULL NAME Allen Scanland

(a) Residence. No. 6823 Crest Ave. 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: Male. 4. COLOR OR RACE: White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Child

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Sept 20-1914

7. AGE: Years 14. Months 4 Days 18 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): East St. Louis Ill.

PARENTS

10. NAME OF FATHER: Hartley P. Scanland
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Nevada.
12. MAIDEN NAME OF MOTHER: Cora B. Grubbs
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Chicago Ill.

14. INFORMANT: Mrs H. P. Scanland (Address) #6823 Crest Ave.

15. FILED Feb 9, 1929 Leo P. Fitzgerald MD REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feby 8th 1929

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 950 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Endocarditis
92 A
79 B
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Aortitis
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? University City High School

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) John O'Farrell, M. D.

Feb 8, 1929 (Address) Corner of St Louis County

*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: Shiloh, Ill. — DATE OF BURIAL: 2-11-1929

20. UNDERTAKER: C. R. Lupton. — ADDRESS: Street Olive 4449