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.

File No. 1925

Registered No. 10

1. PLACE OF DEATH U.S.V.Hosp.
County Jackson Registration District No.
Township Kaw Primary Registration District No.
City Kansas City, Mo. (No. U. S. Veterans Hospital St. Ward)

2. FULL NAME SCARLETT, Clifford Oral C-289 031 VB
(a) Residence. No. 915 Park Ave., Kansas City, Ward 9 Wagoner Sup. Co 356th Inf.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Missouri 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	Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 17, 1893

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	36	4	14	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Remington
(STATE OR COUNTRY) Indiana

PARENTS
10. NAME OF FATHER Charles N Scarlett
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Elizabeth Gray
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Indiana

14. INFORMANT Mrs. Elizabeth Moyer (mother)
(Address) Rossburg, Ohio Rt 1

15. FILED Jan 1, 1930 M. M. Crocker REGISTRAR
Asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) January 1 1930

17. I HEREBY CERTIFY, That I attended deceased from October 29, 1929 to January 1, 1930 that I last saw him alive on January 1, 1930, and that death occurred, on the date stated above, at 2:45 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

V.H.D.Mitral Insufficiency & Mitral Stenosis with Auricular fibrillation.
(duration) 2 years or more. yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED Unknown
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination.

(Signed) W. E. Chambers, M. D.
W.E.CHAMBERS, Medical Officer in Charge
U.S.V.Hospital, Kansas City, Mo.
(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
St. Joseph Missouri	1-6 1930
20. UNDERTAKER	ADDRESS
McKelley-McKelley Funeral Home Inc.	Kansas City Mo