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

Do not use this space.

8864

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 1243
Township Kaw — Primary Registration District No. 20 — Registered No. 1243
City K. C. Mo (No. 6737 Askew St. Ward)

2. FULL NAME Ethel Marie Scrogham
(a) Residence. No. 6737 Askew St., 16 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 Fe
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 6 - 1906

7. AGE Years 24 Months 1 Days 13 If LESS than 1 day, ... hrs. or ..... min.

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

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

PARENTS
10. NAME OF FATHER Charles D. Nesbitt
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Minnie Flynn
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill.
(STATE OR COUNTRY)

14. INFORMANT Mrs Minnie Scrogham
(Address) 6737 Askew

15. FILED 3/20, 19 30 M. M. Crowe REGISTRAR asst

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 19 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1930, to Feb 28, 1930 that I last saw her alive on Feb 28, 1930, and that death occurred, on the date stated above, at 12 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Actinomycosis of Lungs
Actinomycosis of Colon
430
950 (duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute Dilatation of Heart (duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Bronchoscopic examination + autopsy
(Signed) E. Hashinger per S. D. Kaw, M. D.
March 19, 1930 (Address) Bell Memorial Hospital K.C. Kansas

*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 Memorial Park — DATE OF BURIAL March 21 1930

20. UNDERTAKER Rose & Henderson Co. — ADDRESS City, Mo

235
1
2

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.

...WITH UNFADING INK—THIS IS A PERMANENT RECORD

13 floor Riala Bldg —
Ma, 1145

APR 3 1940