JUN 25 1930

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

Do not use this space. (a)

15882-9

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No.
Township Springfield — Primary Registration District No. 2006 — Registered No. 408
City Springfield (No. 2109 N. Boonville St. Ward)

2. FULL NAME Albert W. Scroggins
(a) Residence. No. 2109 Boonville 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: Dora Scroggins

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 1855 5-7-5

7. AGE: YEARS 74 — MONTHS 10 — DAYS 24 — If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired 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: Henry Scroggins
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Mo
12. MAIDEN NAME OF MOTHER: Rebecca Dorossett
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: C. O. Scroggins
(Address) Springfield, Mo.

15. FILED 5-31, 1930 Ron Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 29 1930

17. I HEREBY CERTIFY, That I attended deceased from April 1, 1930, to May 29, 1930, that I last saw him alive on May 29, 1930, and that death occurred, on the date stated above, at 7:00 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Brights Disease
132 A
(duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) 1298
(duration) ....yrs. ....mos. ....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [illegible], M. D.
5-30, 1930 (Address) [illegible]

*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: Brighton Mo. Cemetery — DATE OF BURIAL: May 31 - 1930

20. UNDERTAKER: 424 E. Commercial St. J. W. Klingner & Co. — ADDRESS: Springfield, Mo.

...ANS should state ...ATION is very important. ...be properly classified. Exact statement of OCCUPATION is very important.