

JUN 27 1930

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

Do not use this space.

17023

1. PLACE OF DEATH

County Pulaski
Township Liberty
City (No. _____) _____ St. _____ Ward _____

Registration District No. 712
Primary Registration District No. 5941

File No. _____
Registered No. 15

2. FULL NAME Samuel Reeves Scarborough

(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 24 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 29-1883

7. AGE YEARS MONTHS DAY If LESS than 1 day, _____ hrs. or _____ min.
86 9 19

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) Farming
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Payson
(STATE OR COUNTRY) Ill.

10. NAME OF FATHER Daniel Scarborough

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

12. MAIDEN NAME OF MOTHER Martha Strook

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

14. INFORMANT Walter Scarborough
(Address) Richland, Mo

15. FILED 5-18, 1930 Evert A. Oliver
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 18 1930

17. I HEREBY CERTIFY, That I attended deceased from May 18, 1930, to May 18, 1930.
that I last saw him alive on May 18, 1930, and that death occurred, on the date stated above, at 6:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Dilatation of Heart
95 B Died instantly
(duration) yrs. mos. ds.

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

18. WHEN WAS DISEASE CONTRACTED 90
IF NOT AT PLACE OF DEATH Out place of death
DID AN OPERATION PRECEDE DEATH? no DATE OF _____
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Bed side diagnosis
(Signed) Evert A. Oliver, M. D.
5-18, 1930 (Address) Richland, 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 Richland, Mo. DATE OF BURIAL 5-19 1930

20. UNDERTAKER R. B. Peuple - Richland Mo. ADDRESS _____

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.

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