

AUG 20 1930

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

Do not use this space.

22102

1. PLACE OF DEATH

County Callaway
Township Mirabelle
City (No. _____) _____

Registration District No. 101
Primary Registration District No. 5749

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Marietta Scramlin
(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF David Scramlin

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
57 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
(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)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

15.

FILED July 5, 1930 Mrs. J. Ballinger
REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 5 1930

17. I HEREBY CERTIFY, That I attended deceased from _____, 1930, to July 5, 1930, that I last saw h. ex. alive on July 1, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-pneumonia
11A

107H (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY)

Influenza
(duration) yrs. mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED

IS NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF _____WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. M. D. [Signature], M. D., 19 (Address) Hamilton 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

DATE OF BURIAL

Highland Cemetery July 7 1930

20. UNDERTAKER

ADDRESS

John Hamilton Hamilton

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.

12/10/19

JOHN HOUGHTON

Furniture and Undertaking

ANOS AND BRUNSWICK TALKING MACHINES

Hamilton Mo.

July 7 1930

Mrs Ballinger

Merabe Mo.

Wray Madam:

Enclosed
are all please find
certificates of death of
Mrs Kerambin.
She died in the Poor House
and no one knew
any information
concerning her at all
so it is impossible to
fill out the balance
of the certificates

Yours truly
John Houghton