

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

Do not use this space.

26803

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kan Primary Registration District No. 1001
 City Kansas City (No. St. Mary's Hospital)
 File No. _____
 Registered No. 3408 St. _____ Ward _____

2. FULL NAME Scovell-Edward T
 (a) Residence No. 210 East 69th St. 8 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) January 4 - 1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 7 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Commission Man
 (b) General nature of industry, business, or establishment in which employed (or employer). _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Ann Arbor
 (STATE OR COUNTRY) Michigan

10. NAME OF FATHER Harve Scovell

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs Anna New Bosty
 (Address) 270 East 69th St K.C. Mo

15. FILED 8/17 30 M. M. Crowe
 REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1928, to Aug 16, 1930, and that I last saw him alive on Aug 16, 1930, and that death occurred, on the date stated above, at 2-30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Internal Hemorrhage from atherosclerotic heart
Cirrhosis of liver - (duration) yrs. mos. 2 ds.
Chronic myocarditis (SECONDARY) (duration) 2 yrs. 6 mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED 20 E 69 -
 IF NOT AT PLACE OF DEATH _____

19. DID AND OPERATIONS PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS? Laboratory

(Signed) Serry, Leah, M. D.
8/16 1930 (Address) 908 Kiala Bldg

*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 St. Ann Cemetery Kansas City
 DATE OF BURIAL Aug 18 1930

20. UNDERTAKER John J. Sheehan
 ADDRESS K.C. Mo

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.

Edward / Smith