

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

Do not use this space.

38471

File No. \_\_\_\_\_  
Registered No. 104 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PLACE OF DEATH**

County Woods Registration District No. 625  
Township Roth Primary Registration District No. 0827  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

William Scribner  
(a) Residence, No. \_\_\_\_\_ County Jefferson 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) Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1860  
7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. or min.  
71 9 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Inmate County  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Jefferson  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Records of County Jefferson (ADDRESS) Manassas Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bedford Ia DATE 11-16 1931

19. UNDERTAKER Commis Turner Co (ADDRESS) Manassas Mo

20. FILED 11-16 1931 Mamie O. Clardy Registrar.

**MEDICAL CERTIFICATE OF DEATH**

2 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 14 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 13 1931, to Nov. 13 1931  
I last saw him alive on Nov. 13 1931 Death is said to have occurred on the date stated above, at 4:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Casualty and Operating  
130  
162  
Other contributory causes of importance: BC

23. Name of operation \_\_\_\_\_ x Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ x Date of injury \_\_\_\_\_ 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_  
Manner of injury \_\_\_\_\_ x  
Nature of injury \_\_\_\_\_ x

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) Hiram Way \_\_\_\_\_ M. D.  
(Address) Manassas

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

44-3-1931

