

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

Do not use this space.

11995

1. PLACE OF DEATH
 26 County Cole Registration District No. 212
 Township Clark Primary Registration District No. 5292
 City..... (No....., Ward)

2. FULL NAME Charles Henry Scruggs
 (a) Residence, No. Jefferson City, Mo? R.R.2. 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 Vedie Scruggs

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 1st. 1880

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>51</u>	<u>6</u>	<u>26</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Ceder City, 1
 (STATE OR COUNTRY) Missouri.

MOTHER / FATHER

13. NAME John H. Scruggs

14. BIRTHPLACE (CITY OR TOWN) Missouri.
 (STATE OR COUNTRY)

15. MAIDEN NAME Susan Hanes

16. BIRTHPLACE (CITY OR TOWN) No. Record 31
 (STATE OR COUNTRY)

17. INFORMANT James Scruggs
 (ADDRESS) Jefferson City, Mo. R.R.2

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Pleasant Valley DATE May. 1st. 1932

19. UNDERTAKER G.N. Steffens
 (ADDRESS) Russellville, I.O.

20. FILED May 10, 1932 Mrs. Lona C. Glover
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 29th. 1932

22. I HEREBY CERTIFY, That I attended deceased from April 16th, 1932, Apr. 29-32, 19.....
 I last saw him alive on April 28th 1932 Death is said to have occurred on the date stated above, at 7- A.m.
 The principal cause of death and related causes of importance were as follows:

Acute Pericarditis
Apr. 23-32.
405 MB

Other contributory causes of importance:
Influenza
Duration Two Weeks.

Name of operation..... 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?..... 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.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) L. S. Glover, M. D.
 (Address) Russellville Mo.

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. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 23 1932

MARGIN RESERVED FOR BINDING

V. S. NO. 2.

