

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

Do not use this space.

31972

1. PLACE OF DEATH

39 County Greene Registration District No. 318 File No. _____
 3 Township Wynne Primary Registration District No. 2001 Registered No. 694
 5 City Wynne (No. 58) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ (Usual place of abode) _____ Ward _____
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 13 1910</u>		
7. AGE YEARS <u>21</u>	MONTHS <u>10</u>	DAYS <u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
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) (STATE OR COUNTRY) <u>Langhane, Mo.</u>		
13. NAME <u>Wm. Scurlow</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Langhane, Mo.</u>		
15. MAIDEN NAME <u>Marjorie Chapman</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Langhane, Mo.</u>		
17. INFORMANT (ADDRESS) <u>Wm. Scurlow</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Langhane, Mo.</u> DATE <u>Oct 31 1932</u>		
19. UNDERTAKER (ADDRESS) <u>Wm. Scurlow</u>		
20. FILED <u>10-7-32</u> <u>Alph W. ...</u> Registrar		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/6, 1932

22. I HEREBY CERTIFY, That I attended, deceased from Sept 30, 1932, to Oct 6, 1932.

I last saw him alive on Oct 6, 1932 Death is said

to have occurred on the date stated above, at 2:15 p.m.

The principal cause of death and related causes of importance were as follows:

Peritonitis acuta Date of onset 9/20/32

Other contributory causes of importance:

Pneumonia 10/4/32
Cerebral edema ?

Name of operation Appendectomy Date of 9/30/32

What test confirmed diagnosis Chi. & P. 2 Was there an autopsy? Yes

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 X

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) F. T. Daugh M. D.

(Address) Med. Off.

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

NOV 2 3 1932

