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.

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

Do not use this space.

32462

1. PLACE OF DEATH
County JACKSON — Registration District No. 399
Township KAW — Primary Registration District No. 1002
City KANSAS CITY (No. 129 NORTH CHELSEA St. 8992 Ward)
File No.
Registered No. 8992

2. FULL NAME JERRY W. SCOVEL
(a) Residence, No. 129 NORTH CHELSEA, 10 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~~) MRS. FLORENCE ELIZABETH SCOVEL

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DECEMBER-23-1865

7. AGE: YEARS 66 — MONTHS 9 — DAYS 29 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. MACHINIST 66
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. MISSOURI-PACIFIC R.R.
10. Date deceased last worked at this occupation (month and year) 1927
11. Total time (years) spent in this occupation 15 YRS.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ALTON ILLINOIS 2

FATHER
13. NAME JAMES SCOVEL
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN 31

MOTHER
15. MAIDEN NAME CHARLOTTE UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) MRS. FLORENCE E. SCOVEL 129 NORTH CHELSEA AVE.

18. BURIAL, CREMATION, OR REMOVAL
PLACE FOREST HILL DATE OCT-25, 1932

19. UNDERTAKER (ADDRESS) D. W. NEWCOMER'S SONS 2111-EAST-9TH ST.

20. FILED 10-24, 1932 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCTOBER-22 1932

22. I HEREBY CERTIFY, That I attended deceased from 10/21, 1932, to 10/22, 1932
I last saw him alive on 10/22, 1932. Death is said to have occurred on the date stated above, at 11:00 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Haemorrhage	10/21/32
82A	
97	

Other contributory causes of importance:
Arterio Sclerosis

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? No
If so, specify .....
(Signed) R. A. Williams, M. D.
(Address) 5400 Sx John Ave K.C. Mo

Rev. Apostolic
5400 St. John Ave.
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