

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

Do not use this space.

38528

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
 Township St Joseph Primary Registration District No. 1001 File No. \_\_\_\_\_  
 City St Joseph (No. State Hospital For Insane) St. \_\_\_\_\_ Ward \_\_\_\_\_  
Joseph W. Scarborough

**2. FULL NAME**

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward Stamberg, Mo.  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 3 mos. 7 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 Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13, 1882

7. AGE YEARS 50 MONTHS 10 DAYS 2 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
 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) Dec. 19, 30 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Andrew Co Mo 1

13. NAME James Scarborough

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

15. MAIDEN NAME Mary E. Shepherd

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

17. INFORMANT Micher Mary E Scarborough  
 (ADDRESS) Osage City, Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE St Joseph mem Park DATE Dec 17, 1932

19. UNDERTAKER Meaton, Bettye Bausman  
 (ADDRESS) 319 N. 10th Funeral Home

20. FILED DEC 17 1932 John R. Bender  
 Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15th 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 8th 1931 to Dec 15th 1932  
 I last saw him alive on Dec 15th 1932 Death is said to have occurred on the date stated above, at 250p.m.  
 The principal cause of death and related causes of importance were as follows:

Bronchitis Pneumonia  
107A  
71A  
107A  
 Other contributory causes of importance:  
Chronic Anemia unk  
 Date of onset: 12/12/32

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

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) J. R. Burch, M. D.  
 (Address) State Hosp # 12

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.

JAN 21 1933

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