

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.

1741
470

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. St., Joseph Hospital)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 5326 Myrtle St., 1 Ward.

Length of residence in city or town where death occurred 16 yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

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 Mrs. Alma Scovill (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1896

7. AGE YEARS 36 MONTHS 7 DAYS 3 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tower Man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. K. C. Terminal Ry
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) Colorado

13. NAME Joseph B. Scovill

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

15. MAIDEN NAME Ida May DeBeque

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

17. INFORMANT Mrs. Alma C. Scovill (ADDRESS) 5326 Myrtle

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation, Elmwood 1-30-33

19. UNDERTAKER Freeman Mortuary (ADDRESS) Kansas City, Mo.

20. FILED 1-28 1933 M. M. Groves Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/27/33, 1933

I HEREBY CERTIFY That I attended deceased from Jan. 24, 1933, to Jan. 26, 1933. I last saw him alive on Jan. 26, 1933. Death is said to have occurred on the date stated above, at 7:40 A. M. The principal cause of death and related causes of importance were as follows:

Lobar pneumonia
108

Other contributory causes of importance 108

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____ 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 Maxim. Bills M. D. (Address) 1424 Professional Bldg St. Mo.

