

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson Registration District No. 309  
 Township Ran Primary Registration District No. 1000  
 City Kansas City (No. Kansas City General Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 16620  
 Registered No. 2116

**2. FULL NAME**

Samuel S. Scance  
 (a) Residence, No. 2412 Trask St. \_\_\_\_\_ 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-25-1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>75</u>	<u>4</u>	<u>19</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
 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) Kans

13. NAME John Scance

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

15. MAIDEN NAME Adelmit Dodson

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

17. INFORMANT Records Clerk (ADDRESS) K.C. General Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Rock Talk Mch. DATE 5-18-33

19. UNDERTAKER Smith & Zuber (ADDRESS) 26 7th

20. FILED May 16 1933 M. M. Carone Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-14-1933

22. I HEREBY CERTIFY, That I attended deceased from 5-11-1933 to 5-14-1933

I last saw him alive on 5-14-1933 Death is said to have occurred on the date stated above, at 4:05 p.m.

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

Carcinoma of Prostate

Date of onset \_\_\_\_\_

Other contributory causes of importance: 510

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 \_\_\_\_\_, 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) P. F. De Marco M. D.

(Address) Asst. Supt. K.C. General Hospital

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.

