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 26 1934

46

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

Do not use this space.

39901

1. PLACE OF DEATH
County Howell — Registration District No. 387
Township Dry Creek — Primary Registration District No. 5540
City Pomona (No. ..... St. ..... Ward)

File No. .....
Registered No. .....

2. FULL NAME Elliott Frederick Scovill

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

Length of residence in city or town where death occurred 2 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Amelia Scovill

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-5-1862

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
71	2	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) near Leland
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER John H. Scovill
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hartford
(STATE OR COUNTRY) Conn.
12. MAIDEN NAME OF MOTHER Sarah Suydam
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) — —
(STATE OR COUNTRY) New Jersey

14. INFORMANT Mrs. Mary Scovill
(Address) Pomona Mo.

15. FILED Dec 14, 1933 Bessie L. Scruggs REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-8- 1933

17. I HEREBY CERTIFY, That I attended deceased from May 28, 1929, to Dec 6, 1933 that I last saw him alive on Dec 6, 1933 and that death occurred, on the date stated above, at 11:49 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchial Pneumonia
82A
82D
107A
(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) Cerebral haemorrhage followed by paralysis (duration) 4 yrs. 6 mos. 11 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? No DATE OF — No
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) D D Cox, M. D.
12-8-, 1933 (Address) Pomona Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Lost Camp Cemetery	Dec. 10, 1933
20. UNDERTAKER T. R. Burns and Son	ADDRESS Willow Springs