

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County North
Township Gleitchall
City Grant City, Mo. (No.)

Registration District No. 903
Primary Registration District No. 6212

File No. 3756 ^{TA}
Registered No.
St. Ward

2. FULL NAME

Anthony Scammahorn

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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) Oct. 17, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 3 3

OCCUPATION
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) Several years 11. Total time (years) spent in this occupation 55

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER FATHER
13. NAME William Scammahorn

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

15. MAIDEN NAME Mr. Knauer

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

17. INFORMANT Jollie Gleitchall
(ADDRESS) Grant City, Mo.

18. BURIAL, CREMATION OR REMOVAL
PLACE Gleitchall Cem. DATE 1/22 1934

19. UNDERTAKER Arch C. Trumble
(ADDRESS) Grant City

20. FILED 19..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20 1934, 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 7 1934, 19, to Jan 20 1934, 19.
I last saw h im alive on Jan 20 1934, 19. Death is said to have occurred on the date stated above, at 3.30 m. P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Thrombosis 1/18/34
Fall from porch lighting on head 1/7/34
186A
1975
Other contributory causes of importance
Arteriosclerosis
820

Name of operation Date of
What test confirmed diagnosis Arteriosclerosis Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide. Accident Date of injury 1/7/34, 19.....
Where did injury occur? His Home (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Fall from porch
Nature of injury Bruises on head

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) O. R. Supterger, M. D.
(Address) Redding Iowa

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.

S-3756-C