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 Jackson — Registration District No. 330 — File No. 4860

Township Kaw — Primary Registration District No. 1003 — Registered No. 582

City Kansas City (No. 1228 West 56 St. Ward)

2. FULL NAME Susan Lamara Scroggins Sauvinet

(a) Residence, No. ..... St., ... Ward. Macon City, Mo.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Female	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Milton Sauvinet

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 26, 1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	72	5	10	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

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) Kansas City Missouri

FATHER

13. NAME Johnson Scroggins

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information No Information

MOTHER

15. MAIDEN NAME Sarah Elizabeth Camplin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No information No information

17. INFORMANT (ADDRESS) Dr. A. C. Griffith Professional Bldg. K.C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE 2-7 34

19. UNDERTAKER (ADDRESS) Thos. McClure 3235 Gillham Plaza

20. FILED 2-6 1934 M. M. Crowe asst. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feby. 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from July, 1930, to Feb 6th, 1934

I last saw her alive on Feb 6th, 19.... Death is said to have occurred on the date stated above, at A. m. 1:15

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

Coronary occlusion

Date of onset

Other contributory causes of importance: Coronary Sclerosis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) A. C. Griffith, M. D.

(Address) 1225 Realty Bldg.

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.

[illegible]