

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

Do not use this space.

13189
1947

1. PLACE OF DEATH

County Jackson
Township Kaw
City Kansas City (No. 3426 Spruce Ave)

Registration District No. 399
Primary Registration District No. 1002

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

2. FULL NAME William L. Scrimsher

(a) Residence, No. 3426 Spruce Ave. St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. mos. 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) Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 4, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
84 1 26

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

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) Arkansas

13. NAME Dont Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

15. MAIDEN NAME Dont Know

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

17. INFORMANT Vernon Scrimsher
(ADDRESS) 3426 Spruce Ave. K. C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Removal Pl. DATE 5-2-34

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

20. FILED 5-1 1934 mmhwe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APR. 30, '34

22. HELEBY GERTY that I attended deceased from _____, 1934

I last saw h_____ alive on 9/15/34 Death is said to have occurred on the date stated above, _____ m.

The principal cause of death and related causes of importance were as follows:
Chromy sclerosis Date of onset _____

Clinic before myocarditis

Other contributory causes of importance _____

9/15 9/15 9/15

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 an _____ was related to occupation of deceased?
If so, specify _____

(Signed) [Signature] (Address) [Address]

JUN 19 1934

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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.

