

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.

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

Do not use this space.

MAR 4 1935

4143

1. PLACE OF DEATH

County Union Registration District No. 875-
 Township Washington Primary Registration District No. 6162
 City _____ (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 15

2. FULL NAME

Louis D. Scoville
 (a) Residence, No. State Hospital # 3 St. _____ Ward _____
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. 3 mos. 12 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 27, 1857

7. AGE YEARS 77 MONTHS 5 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. P.R. Est. Clerk

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) Wynott Wis.

13. NAME Harace Scoville

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. Y.

15. MAIDEN NAME Marie Co.

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

17. INFORMANT (ADDRESS) H. C. Scoville Carthage Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbus Mass. 1/20 DATE _____ 1935

19. UNDERTAKER (ADDRESS) Union Dr. Carthage Mo.

20. FILED 1/20 1935 M. Collins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 18 1935

22. I HEREBY CERTIFY That I attended deceased from Oct. 6, 1934, to Jan. 4, 1935

I last saw him alive on _____, 1935. Death is said to have occurred on the date stated above, at 11:30 P. m.

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

Multiple sclerosis Date of onset ?

Other contributory causes of importance: Chronic myocarditis ?

Name of operation none Date of _____

What test confirmed diagnosis? Chemical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1935

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) T. T. O'Neil, M. D. (Address) Merada, Mo.

