

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

Do not use this space.

5770 MAR 20 1935

1. PLACE OF DEATH

County Buchanan

Registration District No. 85

Township

City

St. Joseph Mo

Primary Registration District No. 1001
State Hospital # 2

File No.

Registered No.

St.

Ward

4418
185

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Isabel Scruggs
Lee Summit 1 Mo

Ward.

(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

F

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

married

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

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

Nov 8 1852

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

82 | 3 | 1

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

Housewife

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)

Mo Mich

13. NAME

Johnson

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

St. Joseph Canada

15. MAIDEN NAME

Johnson

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

Canada

17. INFORMANT (ADDRESS)

State Hospital Records
St. Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Joseph Mo

DATE

2-9-35

19. UNDERTAKER (ADDRESS)

N. B. Langford
Lee Summit Mo

20. FILED

2-90-35

John R. Bender
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

2-9-1935

22. I HEREBY CERTIFY, That I attended deceased from

Jan 27 1935 to Feb 9 1935

I last saw him alive on Feb 9 1935 Death is said to have occurred on the date stated above, at 6:45 m.

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

Pulmonary Tuberculosis

Date of onset

Indefinite

Other contributory causes of importance:

none

Name of operation

no

Date of

What test confirmed diagnosis?

no

Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury, 19.....

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

no

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Clifton Smith

M. D.

(Address)

St. Joseph Mo

for 4/1

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.

1-5770

2-3-35

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