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.

JAN 3 1935

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

Do not use this space.

38514

File No.

Registered No.

1. PLACE OF DEATH

County Bates — Registration District No. 48

Township Homer — Primary Registration District No. 5072

City Amoret (No. , St. Ward)

2. FULL NAME James Logan Scrivner

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: Male

4. COLOR OR RACE: White

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) April 23-1853

7. AGE: 82 YEARS — MONTHS: 7 — DAYS — If LESS than 1 day, hrs. or min.

OCCUPATION

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

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Co Mo

FATHER

13. NAME James Logan Scrivner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Co Mo

MOTHER

15. MAIDEN NAME Peggy Boyles

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cole Co Mo

17. INFORMANT (ADDRESS) Mr Frank Scrivner Amoret Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Bejamin Cemetery DATE Dec 20 1935

19. UNDERTAKER (ADDRESS) Archer & Mangold Amsterdam Mo

20. FILED Dec 20 1935 Mrs. Carl Hall Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1933, to Dec, 1935

I last saw her alive on May 4, 1935. Death is said to have occurred on the date stated above, at 1:30 p m.

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

	Date of onset
Arterio Sclerosis	

Other contributory causes of importance

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?

If so, specify

(Signed) J M Smith, M. D.

(Address) Amoret Mo