

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.

MAR 18 1936

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

Do not use this space.

5225

1. PLACE OF DEATH

County..... Dade Registration District No. 237
Township..... Center Primary Registration District No. 5323
City..... Greenfield Mo. (No.) St. Ward)

File No. 112
Registered No.

2. FULL NAME.....

Bartley Jane Scoggins
(a) Residence, No. St., Ward.
(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 Female 4. COLOR OR RACE Caucasian 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 7 - 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
75 9 20

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

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) Greenfield Mo.

13. NAME Isaac Martin

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

15. MAIDEN NAME Mary Underwood

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

17. INFORMANT Mrs. Chan. Martin
(ADDRESS) Columbus, Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE Plum Grove DATE Mar 1 1936

19. UNDERTAKER J. W. Ward
(ADDRESS) Greenfield, Mo.

20. FILED 3-7 1936 Ed L. Weir
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 27 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 25 1936 to Feb. 27 1936

I last saw her alive on Feb. 27 1936 Death is said to have occurred on the date stated above, at 8 p.m.

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

Bronchial Pneumonia
1070

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) T. J. Drisdell, M. D.

(Address) Greenfield Mo.

