

WHITE 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.

MAR 23 1936

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

Do not use this space.

11463

1. PLACE OF DEATH

County Linn
Township Chillicothe
City Chillicothe (No.)

Registration District No. 507
Primary Registration District No. 3021

File No.
Registered No. 39
St. Ward)

2. FULL NAME

Lua Maud Scruby

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 William Scruby

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 19 - 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 1 21

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

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) Michigan

13. NAME N.E. Kidder

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

15. MAIDEN NAME Celestia Reed

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

17. INFORMANT (ADDRESS) Wm Scruby, Chillicothe, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgewood DATE Mar 4, 1936

19. UNDERTAKER (ADDRESS) Minerhagen, Chillicothe, Mo.

20. FILED Mar 4 1936 Paul A. ... Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1935 to March 2, 1936
I last saw her alive on Feb 26, 1936 Death is said to have occurred on the date stated above, at 9 A.M.

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

Cancer of Omentum
Omentum
H/b

Other contributory causes of importance:

Name of operation Exploratory Date of Oct 18-35
What test confirmed diagnosis etc. Was there an autopsy? No

23. If death was due to external cause (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? No
If so, specify

(Signed) A. Breeman, M. D.
(Address) Chillicothe, Mo

