

MAY 19 1936

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

Do not use this space.

14528

**1. PLACE OF DEATH**County ClayRegistration District No. 198Township Fishing RiverPrimary Registration District No. 3011City Excelsior Springs, Mo. (Veterans Administration Facility)

File No. ....

Registered No. ....

St. 3d Ward**2. FULL NAME** SCROGGIN, Fred J.3100 Peery Street(a) Residence, No. Vets. Adm. Facility, Excelsior Spgs, Mo.  
(Usual place of abode)Kansas City, Mo.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.**PERSONAL AND STATISTICAL PARTICULARS**

<b>3. SEX</b> Male	<b>4. COLOR OR RACE</b> White	<b>5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)</b> Married		
<b>5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF</b> Wimfred Scroggin				
<b>6. DATE OF BIRTH (MONTH, DAY, AND YEAR)</b> 1893-3-8				
<b>7. AGE</b>	<b>YEARS</b> 43	<b>MONTHS</b> 0	<b>DAYS</b> 18	<b>IF LESS than 1 day, .....hrs. or .....min.</b>
<b>OCCUPATION</b>	<b>8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.</b> Unknown			
	<b>9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.</b> Unknown			
	<b>10. Date deceased last worked at this occupation (month and year)</b> Unknown		<b>11. Total time (years) spent in this occupation</b> Unknown	
<b>12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> Kansas City, Missouri				
<b>FATHER</b>	<b>13. NAME</b> James C. Scroggin (deceased)			
	<b>14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> Illinois			
<b>MOTHER</b>	<b>15. MAIDEN NAME</b> Cora Scribner (deceased)			
	<b>16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)</b> Missouri			
<b>17. INFORMANT</b> Hospital Records (ADDRESS)				
<b>18. BURIAL, CREMATION, OR REMOVAL PLACE</b> Kansas City, Mo. <b>DATE</b> 4-14-36				
<b>19. UNDERTAKER</b> John C. Frather (ADDRESS) Excelsior Springs, Missouri				
<b>20. FILED</b> 4-14-1936 <u>Mr. Bea McGowan</u> Registrar				

**MEDICAL CERTIFICATE OF DEATH****21. DATE OF DEATH (MONTH, DAY, AND YEAR)** April 12, 1936 19**22. I HEREBY CERTIFY, That I attended deceased from**  
April 12, 1936, 19, to April 12, 1936, 19

I last saw him alive on April 12, 1936, 19. Death is said to have occurred on the date stated above, at 3:47 P.M.

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

Aortic stenosis

Other contributory causes of importance:

Arteriosclerosis

Name of operation none

Date of

What test confirmed diagnosis? Was there an autopsy? Yes

**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

H. C. HARDEGREE, MD, Clinical Director  
Veterans Administration Facility  
(Address) Excelsior Springs, Missouri

Date of onset

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.

