

NOV 4 1936

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **ST. LOUIS MO** (No. **2412** **Biddle St**)

File No. **39673**
Registered No. **10718**
St. Ward)

2. FULL NAME **EZEKEL SCRUGGS**

(a) Residence, No. **2412 Biddle** St., **21** Ward.

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 **M** 4. COLOR OR RACE **COLD** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **JULY 19-1936**

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

3 **6**

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

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) **ST. LOUIS**
(STATE OR COUNTRY) **MO**

13. NAME **CHAS SCRUGGS**

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

15. MAIDEN NAME **JOSEPHINE HENLEY**

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

17. INFORMANT **JOSEPHINE SCRUGGS**
(ADDRESS) **2412 Biddle St.**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **GREEN WOOD** DATE **Oct 26**, 19**36**

19. UNDERTAKER **A. L. BEAL UNDCO**
(ADDRESS) **222 61 KCAS**

20. FILED **OCT 26**, 19**36** **J. F. Bredeck**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10-25**, 19**36**

22. I HEREBY CERTIFY, That I attended deceased from **10-21**, 19**36**, to **10-25**, 19**36**

I last saw him alive on **10-25**, 19**36**. Death is said to have occurred on the date stated above, at **8:30** a.m.

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

Broncho pneumonia
Primary

Date of onset **2 days**

Other contributory causes of importance: **107a**

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) **Dr. Edward Seel**, M. D.
(Address) **2901 1/2 Knochle ave.**

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.

WRITE IN PENCIL WITH IMPROVING INK—THIS IS A PERMANENT RECORD

