

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.

FEB 19 1936

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

Do not use this space.

1. PLACE OF DEATH

County Cole Registration District No. 214 File No. 47549
Township Moreau Primary Registration District No. 4130 Registered No. _____
City Russellville (No. _____, _____, _____) St. _____ Ward _____

2. FULL NAME Ralph Ronald Scrivner

(a) Residence, No. Russellville, Mo. 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)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 20th, 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Russellville,
(STATE OR COUNTRY) Missouri

13. NAME Ralph C. Scrivner

14. BIRTHPLACE (CITY OR TOWN) Russellville
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mabel Stevens

16. BIRTHPLACE (CITY OR TOWN) Clean
(STATE OR COUNTRY) Missouri

17. INFORMANT Ralph C. Scrivner
(ADDRESS) Russellville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Enloe Cem. DATE Jan. 21st, 1936

19. UNDERTAKER G. N. Steffens
(ADDRESS) Russellville, Mo.

20. FILED Jan 21 1936 Mrs Mabel Barbour
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20, 1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on Jan 20, 1936. Death is said to have occurred on the date stated above, at 6:29 a.m.

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

Born dead

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? No

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? N.P.

If so, specify _____

(Signed) George J. M. Hurman, M. D.(Address) Russellville Mo

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MEMORANDUM
TO: [Name]
FROM: [Name]
SUBJECT: [Subject]

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