

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

Do not use this space.

FEB 17 1937

2179

1. PLACE OF DEATH

64 County Marion
1 Township Marion
3 City Hannibal

Registration District No. 547
Primary Registration District No. 3029
(No. St. Elizabeth Hospital)

File No. _____
Registered No. 8
St. 6th Ward

2. FULL NAME

Mike B. Scobee

(a) Residence, No. _____ St. _____ Ward. Perry, Mo.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Scobee</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug. 16, 1863</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>4</u>	DAYS <u>20</u>
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Self-employed</u>	
	10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____	

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marion County, Mo</u>
	13. NAME <u>Robert Scobee</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>
	15. MAIDEN NAME <u>Orenia Norman</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>
	17. INFORMANT <u>Elizabeth Scobee</u> (ADDRESS) <u>Perry, Mo.</u>
18. BURIAL, CREMATION, OR REMOVAL <u>Perry, Mo.</u> PLACE <u>Lick Creek Cemetery</u> DATE <u>Jan. 8, 1937</u>	
19. UNDERTAKER <u>Clyde Wilkey</u> (ADDRESS) <u>Perry, Mo.</u>	
20. FILED <u>Jan 6, 1937</u> <u>St. C. Friscke</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1937, to Jan 6, 1937
I last saw him alive on Jan 6, 1937. Death is said to have occurred on the date stated above, at 7:20 a.m.

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

Prostatic Hypertrophy
& Obstruction of Urethra
Passage
Date of onset _____

Other contributory causes of importance:
Ch. myocarditis

Name of operation _____ Date of _____
What test confirmed diagnosis? Ch. 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) J. P. Reukmann M. D.
(Address) 1001 Perry Street No

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.

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