

MAR 25 1937

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County RollerTownship CenterCity Ed (No. 1)Registration District No. 725-Primary Registration District No. 4431File No. 7744Registered No. 7744

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(If nonresident, give city or town and State)

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

Mattie Lee Scandland

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Dec-25-1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

76110

OCCUPATION

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

Merchant

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)

Andover, Co Mo

FATHER

13. NAME

Alexander Scandland

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

Pike Co Mo

MOTHER

15. MAIDEN NAME

Virginia Minter

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

Shelby Co Mo

17. INFORMANT (ADDRESS)

J. P. Flournoy Center Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Shelby

DATE

Feb 5187

19. UNDERTAKER (ADDRESS)

Will H. Bouch Center Mo

20. FILED

Feb 25 1937J. T. Howard

Registrar

MEDICAL CERTIFICATE OF DEATH

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

Feb 31937

22. I HEREBY CERTIFY, That I attended deceased from

July 22, 1935 to Feb 3, 1937I last saw him alive on Feb 2, 1937. Death is saidto have occurred on the date stated above, at 7:30 A.M.

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

Date of onset

Myocarditis (Chronic)93C

Other contributory causes of importance:

None known

Name of operation..... Date of.....

What test confirmed diagnosis? Phys Exam. 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? No

If so, specify.....

(Signed).....

C. H. Brooks

, M. D.

(Address).....

Center, Mo

