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.

SEP 21 1937

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

Do not use this space.

Registration District No. 547
Primary Registration District No. 3027

File No. 31196
Registered No. 253

1. PLACE OF DEATH
County: Marion
Township: ~~Mason~~
City: Hannibal (No. Levering Hospitial St. Ward)

2. FULL NAME John Wm. Scothorn
(a) Residence, No. Palmyra St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred no yrs. no mos. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 26, 1869

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	68	6	19	

(25)

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hibergers Grocery Hannibal Mo
10. Date deceased last worked at this occupation (month and year) Aug. 11, 1937
11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo

FATHER
13. NAME John W. Scothorn
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sandusky, Ohio

MOTHER
15. MAIDEN NAME Sarah Taylor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo.

17. INFORMANT Mrs. J. W. Scothorn
(ADDRESS) Palmyra, Mo.

18. BURIAL, ~~CREMATION~~ Hannibal Mo.
PLACE Riverside Cem. DATE 8/17/37, 19

19. UNDERTAKER Lewis Brothers
(ADDRESS) Palmyra, Mo

20. FILED Aug 17, 1937 W. C. Fisher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1937, to Aug 15, 1937
I last saw h. alive on ....., 19..... Death is said to have occurred on the date stated above, at 2:20 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Stomach	?

Other contributory causes of importance: 46

Name of operation no Date of
What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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) J. D. Hardesty, M. D.
(Address) Hannibal Mo