

REC'D MAR 14 1938

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 3240 Norledge) St. _____ Ward _____

File No. 5723
Registered No. 789

2. FULL NAME

William Chick Scarritt 630
(a) Residence, No. 3240 Norledge St. _____ Ward _____
(Usual place of abode) (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 <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>Frances V. Scarritt</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 21, 1861</u>				
7. AGE	YEARS <u>76</u>	MONTHS <u>10</u>	DAYS <u>25</u>	If LESS than 1 day,hrs. ormin.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Lawyer</u>			
	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) <u>Missouri</u>				
FATHER	13. NAME <u>Nathan Scarritt</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>			
MOTHER	15. MAIDEN NAME <u>Martha Matilda Chick</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>			
17. INFORMANT <u>William H. Scarritt</u> (ADDRESS) <u>509 Scarritt Bldg., Kansas Cy., Mo.</u>				
18. BURIAL, CREMATION OR REMOVAL <u>Nt. Washington Cem.</u> <u>Kansas City, Mo.</u> DATE <u>Feb. 18</u> 19 <u>38</u>				
19. UNDERTAKER <u>Stine & McClure</u> (ADDRESS) <u>Kansas City, Mo.</u>				
20. FILED <u>Feb 16 1938</u> <u>M. M. Brown</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 16 1938

22. I HEREBY CERTIFY, That I attended deceased from 10/12, 1934, to 2/15, 1938
I last saw h. s. alive on 2/15/38 Death is said to have occurred on the date stated above, at 3 A. m.

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

Broncho-pneumonia

Date of onset

Other contributory causes of importance:

Hypertensive heart disease with anginaName of operation None Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? NO23. 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) James A. Chamberlain D.
(Address) 1124 Professional Bldg.

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.

WHITE LABEL WITH GUARANTEE THIS IS A PERMANENT RECORD

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