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.

REC'D MAR 23 1938

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

Do not use this space.

File No. 7917

Registered No. 26

1. PLACE OF DEATH

County: Randolph

Registration District No.: 735

Primary Registration District No.: 3034

Township:

City: Moberly (No. 900 Barnick Hospital St. Ward)

2. FULL NAME: Merle Lee Scrogin 625

(a) Residence, No. ... St., ... Ward. Wellsville, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 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): Feb 2. 1937

7. AGE: Years 1 | Months — | Days — | If LESS than 1 day, ... hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: —

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): Wellsville Mo

FATHER

13. NAME: Merle Scrogin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Andrain Co Mo

MOTHER

15. MAIDEN NAME: Pauline Palmore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Montgomery Co Mo

17. INFORMANT (ADDRESS): Merle Scrogin Moberly Mo

18. BURIAL, CREMATION, OR REMOVAL: PLACE Wellsville Mo DATE 2-3. 1938

19. UNDERTAKER (ADDRESS): C. B. Nelle Wellsville Mo

20. FILED Feb. 3. 1938 Ethel Gluter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 2. 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1938, to Feb. 2, 1938

I last saw him alive on Feb. 2, 1938. Death is said to have occurred on the date stated above, at 4:30 p. m.

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

	Date of onset
aplastic anemia	Jan. 10
7	
7	
7	

Other contributory causes of importance:

0

0

Name of operation — Date of —

What test confirmed diagnosis? Laboratory 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) A. L. McCormick, M. D.

(Address) Moberly