

REC'D MAY 17 1938

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

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 85Township St. Joseph.Primary Registration District No. 1001City St. Joseph.(No. St. Joseph's Hospital.)File No. 14065Registered No. 426

St. _____ Ward _____

2. FULL NAME

Maurice J. Scanlon.(a) Residence, No. 2918 North 8th St.

(Usual place of abode)

St. _____ Ward. 545Length of residence in city or town where death occurred 50 yrs. mos. ds.50 yrs.

mos.

ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR

Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFHenrietta Scanlon.6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 29, 1870.

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.671015

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Watchman.9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.Swift and Co.10. Date deceased last worked at
this occupation (month and
year) April 9, 193811. Total time (years)
spent in this
occupation. 21 Yrs

12. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Watertown.Wisconsin.

13. NAME

Thomas Scanlon.

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown.Ireland.

15. MAIDEN NAME

Unknown.

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown.Ireland.

17. INFORMANT

(ADDRESS)

Henrietta Scanlon.2918 North 8th St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Joseph Mo.Mt. Olivet Cem.DATE April 15 1938

19. UNDERTAKER

(ADDRESS)

H.O. Sidenfaden & Son.1802 Union St. St. Joseph Mo.

20. FILED

4-14 1938A.J. Neffebush

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from

April 10, 1938, to April 14, 1938I last saw him alive on April 13, 1938. Death is said
to have occurred on the date stated above, at 8:35 A.M.

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

Cerebral Hemorrhage.

Date of onset

Other contributory causes of importance:

None

Name of operation _____ 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) M. S. Sidenfaden, M. D.(Address) 620 Francis

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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