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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

REC'D JUN 9 1938

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

Do not use this space.

17479

File No. 2176

Registered No.

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City, Mo. (No. 1001 Bales St. Ward)

Registration District No. 399
Primary Registration District No. 1002

2. FULL NAME George Washington Scribner 615
(a) Residence, No. 1001 Bales, Kansas City, Mo. 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Maxwell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14, 1850

7. AGE: 87 YEARS, MONTHS 5, DAYS 12. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Realtor
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) Ohio Marrow County

FATHER
13. NAME William Scribner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Susan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Frank L. Scribner 1001 Bales, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Less Summit DATE May 28, 38

19. UNDERTAKER (ADDRESS) Wamsley Funeral Home 711 W. Lex. Indep. Mo.

20. FILED May 27 1938 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1938

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1938, to May 26, 1938
I last saw him alive on May 23, 1938. Death is said to have occurred on the date stated above, at 9:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	
Chronic Nephritis	
Uremia	May 20

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Other contributory causes of importance:
Arteriosclerosis

Name of operation ✓ Date of ✓
What test confirmed diagnosis? ✓ 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?
If so, specify
(Signed) A. H. Wall, M. D.
(Address) 3236 Winchester Ave