

RECD AUG 24 1938

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

25097
Do not use this space.

1. PLACE OF DEATH

(a) County Clinton Registration District No. 207
(b) Township _____ Primary Registration District No. 4125 Registered No. 26-18
(c) City Plattsburg Mo. (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME William Laban Scarce 630

(a) Residence, No. Plattsburg Mo. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Scarce
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 1874
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
64 0 28

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as 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) Plattsburg Mo.

FATHER
13. NAME Robert Scarce
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Marcella Biggart
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Ellineth Scarce
(ADDRESS) Plattsburg Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green Lawn DATE July 6 1938

19. FUNERAL DIRECTOR O'Brien & Lyon
(ADDRESS) Plattsburg Mo.

20. FILED 7/61 1938 C. W. Chastain
Sup. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4 1938

22. I HEREBY CERTIFY That I attended deceased from July 4, 1938, to July 4, 1938
I last saw him alive on July 4, 1938. Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage (Thromboly)
Date of onset 7-6-38

Other contributory causes of importance: arterio sclerosis 1931

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) C. W. Steckman, M. D.
Plattsburg Mo. (Address)

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.

STATEMENT BY LICENSED EMBALMER

I, Danell D. Lyon, Licensed Embalmer No. 3640
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Danell D. Lyon

L. E. 3640

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Danell D. Lyon
Licensed Embalmer No. 3640

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)