NOV 13 1938

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

Do not use this space.

File No. 35422
Registered No. 158

1. PLACE OF DEATH

County Clay — Registration District No. 198
Township Fishing River — Primary Registration District No. 5011
City Excelsior Springs, Mo (No. Veterans Administration St. Ward)

2. FULL NAME SCARNIER, Oliver

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

Length of residence in city or town where death occurred yrs. mos. 26 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*): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 31, 1895

7. AGE: Years 43 — Months 9 — Days 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) Vancouver, (STATE OR COUNTRY) British Columbia

FATHER

13. NAME Frank J. Scarnier
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belgium

MOTHER

15. MAIDEN NAME Antionette Depass
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belgium

17. INFORMANT Hospital Records (ADDRESS)

18. ~~BURIAL, CREMATION, OR~~ REMOVAL PLACE Rich Hill, Mo. DATE 11-11-38, 19

19. UNDERTAKER BOOTH FUNERAL SERVICE (ADDRESS) Rich Hill Mo

20. FILED Nov 12, 1938 Excelsior Spgs Mo Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from October 16, 1938, to November 11, 1938. I last saw him alive on November 11, 1938. Death is said to have occurred on the date stated above, at 11:10 a.m. The principal cause of death and related causes of importance were as follows:

	Date of onset
Fracture and dislocation 12th thoracic vertebra with section and maceration of the spinal cord	10-15-38

Other contributory causes of importance:

Name of operation Laminectomy Date of 10-18-38
What test confirmed diagnosis? Exam.&Obs. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10-15-, 1938
Where did injury occur? Unknown (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place (fell from tree)
Manner of injury Fracture and dislocation 12th thoracic vertebra with section and maceratio
Nature of injury of the spinal cord

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify Henry R. Pear M.D.
(Signed) HENRY R. PEAR, M.D. (O. D.), M. D.
(Address) Veterans Administration Excelsior Springs, Mo.

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.