

NOV 1937

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

Do not use this space.

37641

1. PLACE OF DEATH

County Green
Township Bonne
City Ash Grove No. _____

Registration District No. 316
Primary Registration District No. 4191

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

Jay Elvira Scroggins

(a) Residence, No. _____ St. _____ Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October, 7th, 1937

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July-29-1923

I last saw her alive on 10-6-____, 1937. Death is said to have occurred on the date stated above, at 1 P. m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 14 2 8

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

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 _____

acute nephritis with several anasarca. Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) Lawrence County Missouri (STATE OR COUNTRY)

Other contributory causes of importance: 120

MOTHER / FATHER 13. NAME Lebbe Scroggins

Name of operation none & laboratory Date of _____

14. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)

What test confirmed diagnosis? Chuxal Was there an autopsy? no

15. MAIDEN NAME Dollie Strickfield

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

16. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY)

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT Mrs W. M. Taylor (ADDRESS) Ash Grove Mo

Specify whether injury occurred in industry, in home, or in public place. _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Boss County DATE Oct-8-37

Manner of injury _____ Nature of injury _____

19. UNDERTAKER Opim Funeral Service (ADDRESS) Ash Grove Mo

24. Was disease or injury in any way related to occupation of deceased? No

20. FILED Oct 10 Mrs Leonard Jones Registrar.

If so, specify _____ (Signed) Charles H. McHaffie St. D. (Address) Ash Grove Mo

CHARLES H. McHAFFIE

ICE HOURS: 9 to 12 and 2 to 5

Reg. No.

ASH GROVE, MO.

HEALTH CLINIC, ASH GROVE, MO.

This girl was an
insane & when
she was brought into
my office she had
urinal anasarca & urine
loaded with albumen &
she died 3 or 4 days
later. & this is all
I saw of her.

M.....

SS..... R. D.....

Date..... 193.....

M (S)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
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CERTIFICATE OF DEATH

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Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 316
(b) Township _____ Primary Registration District No. 4191 Registered No. _____
(c) City Ash Grove (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lay Elvira Seroggin

(a) Residence, No. _____ 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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED 8 (write the word)

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

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

7. AGE, YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
14 2 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
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)

FATHER 13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____ 19 _____

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 1937

22. I HEREBY CERTIFY, That I attended deceased from 19____ to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

acute nephritis

Date of onset

Other contributory causes of importance:

Name of operation _____ Date of _____ 130

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?

If so, specify _____

(Signed) Chas. N. McAffee, M. D.

(Address) Ash Grove mo