26 AUG 23 1929

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

Do not use this space.

24167

File No.
Registered No. 18

1. PLACE OF DEATH
County Cole
Township Moreau
City Russellville Mo. (No. St. Ward)
Registration District No. 214
Primary Registration District No. 4130

2. FULL NAME James L. Scrivner
(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 12 1851

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
78	4	11	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Russellville Mo.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Benjamine Scrivner.
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Dont Know.
12. MAIDEN NAME OF MOTHER Nancy Scott.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Dont Know.

14. INFORMANT William Scrivner
(Address) Eugene Mo.

15. FILED 7-28, 1929 Russellville MO
Hugh L. Enloe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) July 23rd 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan. 22, 1922, to Few weeks ago 19...
that I last saw him alive on Few weeks ago 19..., and that death occurred, on the date stated above, at 6 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Bronchitis. (Non Tubercular)

106 15

(duration) 15 yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

199B

8

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) C. L. Glover, M. D
7-23, 1929 (Address) Russellville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Campbell Cemetry	July 24 1929
20. UNDERTAKER	ADDRESS
G. N. Steffens	Russellvil Mo.

N. B.—Every item of information [illegible] 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.