

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

Do not use this space.

2733

27

1. PLACE OF DEATH

County St. Louis
Township 13
City Markwood Mo (No. _____)

Registration District No. 785
Primary Registration District No. 3037

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

2. FULL NAME

Prentiss Gale Scudder
(a) Residence No. 440 So. Hubwood St., 4th Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. 1 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) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug-11th 1892

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
<u>18</u>	<u>5</u>	<u>29</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Merchandise Dealer
(b) General nature of industry, business, or establishment in which employed (or employer) Commission
(c) Name of employer Scudder Beverage Co

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo
(STATE OR COUNTRY)

10. NAME OF FATHER Shelby G. Scudder

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Hyannis Pa
(STATE OR COUNTRY) Mass

12. MAIDEN NAME OF MOTHER Mary Gale

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Salem
(STATE OR COUNTRY) New Hampshire

14. INFORMANT E. G. Scudder
(Address) 707 Clark Ave St. Louis

15. FILED 1/30 1930 C. E. Barnett M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) _____ 19____

17. I HEREBY CERTIFY, That I attended deceased from Jan 22nd, 1931, to Jan 29th, 1931.
that I last saw h. i. w. alive on Jan 25-10th, 1931, and that death occurred, on the date stated above, at 4:15 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(1) Cardiac (dilatation vent)
(2) Myocarditis

(duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) Acute bronchitis
(duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Exam
(Signed) W. A. Webster M.D.
, 19____ (Address) Webster & Son

*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 Bellefontaine DATE OF BURIAL Jan 31st 1931

20. UNDERTAKER Wagoner & Co ADDRESS 3621 Ohio

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.

