

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

Do not use this space.

29285

**1. PLACE OF DEATH**

County Shelby  
Township Clark  
City Clarence

Registration District No. Dr Harlan, 827  
Primary Registration District No. 4500

File No. \_\_\_\_\_  
Registered No. 23  
St. \_\_\_\_\_ Ward) \_\_\_\_\_

**2. FULL NAME**

William Jasper Skinner

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 13 - 1843

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
84 8 4

**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) Sandusky  
(STATE OR COUNTRY) Ohio

PARENTS

10. NAME OF FATHER Ephraim Skinner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Penn.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Triza Spurgeon

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sandusky, Ohio  
(STATE OR COUNTRY)

14. INFORMANT Mrs Beck Skinner  
(Address) Clarence Mo.

15. FILED 10/8 27 1927 Roy Harwood  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 17 1927  
17. I HEREBY CERTIFY, That I attended deceased from Mar 12, 1927, to Sept 14, 1927 that I last saw him alive on Sept 14, 1927, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic myocarditis

CONTRIBUTORY (SECONDARY) Chronic Fibroid Pulmonary Tuberculosis

18. WHERE WAS DISEASE CONTRACTED At Dancons Bldg  
IF NOT AT PLACE OF DEATH, \_\_\_\_\_  
DID IMPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_  
(Signed) D. L. Harlan M. D.  
Address Clarence 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 Phillips Cemetery DATE OF BURIAL Sept 19 27

20. UNDERTAKER E. C. Hopper ADDRESS Clarence Mo

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.

