

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

Do not use this space.

15921

15651

File No. _____
Registered No. 34
St. _____ Ward _____

JUN 25

1. PLACE OF DEATH
County Washington Registration District No. 887
Township Bretton Primary Registration District No. 6179
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Junior Skaggs
(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 M. 4. COLOR OR RACE W. 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. 22 - 1927

7. AGE: YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
1 2 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) This Co.
(STATE OR COUNTRY)

10. NAME OF FATHER Chas. Skaggs

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

12. MAIDEN NAME OF MOTHER Lettie Wilkinson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) This Co.
(STATE OR COUNTRY)

14. INFORMANT Chas. Skaggs
(Address) Potosi, Mo.

15. FILED 4/5-28 Jos. L. Plummer
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 4 1928

17. I HEREBY CERTIFY That I attended deceased from Mar. 29, 1928, to April 4, 1928 that I last saw him alive on April 3, 1928, and that death occurred, on the date stated above, at 5:20 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho-pneumonia
Influenza
CONTRIBUTORY (SECONDARY) Influenza
(duration) _____ yrs. _____ mos. 3 ds.
(duration) _____ yrs. _____ mos. 10 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? _____

19. DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) Jos. L. Plummer, M. D.
4/5-28 (Address) Potosi, 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 Potosi, Mo. DATE OF BURIAL 4/5 1928

20. UNDERTAKER Sparks & Sparks ADDRESS Potosi Mo.

