JUL 6

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

Do not use this space.

21037

1. PLACE OF DEATH

County Jasper — Registration District No. 417 — File No.

Township Joplin — Primary Registration District No. 55610 — Registered No. 66

City McHospital (No. ..... St. ..... Ward)

2. FULL NAME Harry Skyles

(a) Residence. No. ..... St. Carthage Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 5 mos. 21 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~~ Margaret Skyles

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 7-1906

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	26	2	25	

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

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

PARENTS
10. NAME OF FATHER
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY)

14. INFORMANT Records
(Address)

15. FILED 6/1, 1928 REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1928 to June 1, 1928, that I last saw him alive on June 1, 1928, and that death occurred, on the date stated above, at 9 40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
Tuberculous Meningitis
Pyo pneumothorax
2 SB (duration) yrs. 6 (2) mos. ds.
CONTRIBUTORY (SECONDARY)
110 A (duration) yrs. mos. ds.

31

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Positive Sputum
6/1 (Signed) Jesse E Douglass, M.D
, 1928 (Address) Webb City 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 Bank Cemetery — DATE OF BURIAL 1928

20. UNDERTAKER Knell Und. Co. — ADDRESS Carthage Mo

PLAINLY, WITH ... INK--THIS IS A ... of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIC... should state ... H in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

22-2-24

Copy

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

Do not use this space.

1. PLACE OF DEATH

County Jasper — Registration District No. 417 — File No.

Township Joplin — Primary Registration District No. 5561 D — Registered No. 66

City TBC Hospital (No. ..... St. ..... Ward)

2. FULL NAME Harry Skyles

(a) Residence. No. ..... St., ... Ward. Carthage
(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~~ Mrs Margarite Skyles

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 7 - 1906

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	26	2	25	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Undertaker

(b) General nature of industry, business, or establishment in which employed (or employer) Assistant

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Records
(Address)

15. FILED 10/29, 1928 R. M. Stormont
REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1 1928

17. I HEREBY CERTIFY, That I attended deceased from Feb 17, 1928, to June 1, 1928 that I last saw h... alive on June 1, 1928, and that death occurred, on the date stated above, at 9 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary Tuberculosis
Pyo pneum thorax
23H (duration) ..... yrs. 8 mos. ..... ds.
24H
CONTRIBUTORY (SECONDARY) Tuberculous Meningitis
110A (duration) ..... yrs. ..... mos. 15 ds.

31

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Unknown

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Positive Sputum

(Signed) Jesse E. Douglas, M. D

6/1, 1928 (Address) Webb City

*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
Park Cemetery	June 3 1928
20. UNDERTAKER	**ADDRESS**
Knell Und. Co	Carthage

WRITE PLAINLY, ... 22 1928

N. B.—Every item ... information should be carefully supplied. ... should be stated EXACTLY. ... should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

N. B.—[illegible] PLEASE PLAINLY, WRITE INDELIBLY [illegible] THIS IS A PERMANENT RECORD. [illegible] information should be carefully [illegible] AGE [illegible] should be stated EXACTLY. [illegible] CAUSE OF DEATH in plain terms, so that it may be properly classified. [illegible] statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

1. PLACE OF DEATH

County: Jasper — Registration District No.: 417 — File No.:

Township: Joplin — Primary Registration District No.: 5-3-61 D, — Registered No.: 66

City: (No. , St. Ward)

2. FULL NAME Harry Skyles

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 7-1906

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	22	2	24	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

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

PARENTS

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER

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

14. INFORMANT (Address)

15. FILED, 19 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 1 1928

17. I HEREBY CERTIFY, That I attended deceased from , 19 to , 19 that I last saw h alive on , 19 , and that death occurred, on the date stated above at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

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) , M. D

, 19 (Address)

*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 19 28
20. UNDERTAKER	ADDRESS

SUPPLEMENTARY

Wm G Downing -
School of Mech
Manufacturing