

N. R.—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.

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City St. Louis(No. City Hosp.)

791

1003

File No.....

Registered No.....

6190

St.....

Ward.....

2. FULL NAME William A. Skipper(a) Residence. No. 1210 Grattan St. St. 22 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.

da.

How long in U.S., if of foreign birth?

yrs.

mos.

da.

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. Della Skipper

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 8 1890

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ____ hrs. or ____ min.

37

8

0

8. OCCUPATION OF DECEASED

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

Stretcher Bearer

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

(c) Name of employer

City Hosp.

9. BIRTHPLACE (CITY OR TOWN) Centralia

(STATE OR COUNTRY)

Ill.

PARENTS

10. NAME OF FATHER

Wm. Skipper

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Centralia

(STATE OR COUNTRY)

Ill.

12. MAIDEN NAME OF MOTHER

Emma Hunt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Sandoval

(STATE OR COUNTRY)

Ill.

14.

INFORMANT (Address)

Mrs. Della Skipper
1210 Grattan St

15.

FILED

JUN -9 1928

Mar. C. Parkley

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 8 1928

17.

I HEREBY CERTIFY That I attended deceased from June 7th 1928, to June 8th 1928, that I last saw him alive on June 8th 1928, and that death occurred, on the date stated above, at 8 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy Cerebral Hemorrhage

CONTRIBUTORY (SECONDARY)

Arteriosclerosis

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)

P. B. Blackman

M. D.

6/8 1928 (Address) 3115 So Grand Bl.

*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

Centralia Ill.

June 9 1928.

20. UNDERTAKER

ADDRESS

A. W. McLaughlin 1631 Mo. Ave

