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

Do not use this space.

32977

1. PLACE OF DEATH
County: Carroll
Township: Mars Creek
City: (No. St. Ward)
Registration District No.: 135
Primary Registration District No.: 5190
File No.:
Registered No.: 100

2. FULL NAME: Amina May Skinner

(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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
~~HUSBAND OF~~ (OR) WIFE OF: John Skinner

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 3-14-1863

7. AGE: Years 65 | Months 7 | Days 4 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(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): Maryland

PARENTS
10. NAME OF FATHER: Samuel E. Willard
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Lewis Iowa
12. MAIDEN NAME OF MOTHER: Sabilla Henry
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Lewis Iowa

14. INFORMANT: Harry Schaus
(Address): Carrollton, Mo.

15. FILED 10-24 1928 Mrs. E. E. Farnham
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 10-22-1928

17. I HEREBY CERTIFY, That I attended deceased from 4-20 1928 to 10-22 1928 that I last saw her alive on 10-7 1928 and that death occurred, on the date stated above, at 8 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Apoplexy
82A
74 (duration) yrs. mos. 1 ds.

CONTRIBUTORY (SECONDARY) (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? None

10/24/28 19 (Signed) H. B. Scoggins, M. D.
(Address) Carrollton, 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: Oak Hill Cem
DATE OF BURIAL: 10-25 1928

20. UNDERTAKER: Willis Brothers
ADDRESS: Carrollton

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.