

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

Do not use this space.

3084

**1. PLACE OF DEATH**  
 County Randolph Registration District No. 735  
 Township Moberly Primary Registration District No. 3034  
 City Moberly (No. 202 So. Clark) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Isaac Skirk  
 (a) Residence No. 202 So. Clark 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

File No. \_\_\_\_\_  
 Registered No. 12  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Married  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Mary Skirk  
**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** Sept 6 - 1851  
**7. AGE** YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
77 4 15 = min.  
**8. OCCUPATION OF DECEASED**  
 (a) Trade, profession, or particular kind of work Retired  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

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

**10. NAME OF FATHER** Winkman  
**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** Mrs. Mary Skirk  
 (Address) Moberly, Mo.

**15. FILED** 1/23, 1929  
 \_\_\_\_\_  
 REGISTER

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** Jan 21<sup>st</sup> 1929  
**17. I HEREBY CERTIFY, That I attended deceased from** \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
 that I last saw him \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_, 19\_\_\_\_.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**  
Cardio-renal-vascular disease  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.  
**CONTRIBUTORY (SECONDARY)** Probably 2 to 5 yrs duration  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.

**18. WHERE WAS DISEASE CONTRACTED**  
 IF NOT AT PLACE OF DEATH: \_\_\_\_\_  
**DID AN OPERATION PRECEDE DEATH?** \_\_\_\_\_ DATE OF \_\_\_\_\_  
**WAS THERE AN AUTOPSY?** no  
**WHAT TEST CONFIRMED DIAGNOSIS?** \_\_\_\_\_  
 (Signed) Ch. W. Ryan M. D.  
1-23-1929 (Address) Health Comm.

\*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** Moberly Mo. **DATE OF BURIAL** Jan 23 - 1929

**20. UNDERTAKER** Moberly Mo. **ADDRESS** Moberly Mo.

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.

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1929  
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