

7222-a

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

Do not use this space.

✓ 7222-a

1. PLACE OF DEATH

County Marion Registration District No. 541  
Township South Jefferson Primary Registration District No. 5737  
City (No. ....) St. .... Ward (No. ....)

File No. ....  
Registered No. ....  
St. .... Ward (No. ....)

2. FULL NAME

George 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 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) 11

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .... hrs. or .... min.  
22 1 19

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) None  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) High Gate (STATE OR COUNTRY) Mo

10. NAME OF FATHER Geo Skaggs

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

12. MAIDEN NAME OF MOTHER Emma Skaggs

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

14. INFORMANT Geo Skaggs (Address) High Gate Mo

15. FILED Nov 14 1929 Kerson Johnson REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 16 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1928, to Feb 16, 1929 that I last saw him alive on Feb 15, 1929, and that death occurred, on the date stated above, at 1:30 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY) Sinusitis Sphenoid (duration) 14 yrs. mos. da.

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? 187  
(Signed) M. C. Spurgeon, M. D.  
Feb 7, 1929 (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 High Gate Cemetery DATE OF BURIAL Feb 17 1929

20. UNDERTAKER L. G. Lucklider ADDRESS Reelle 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.

