

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

Do not use this space.

1897

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City, Missouri No. 6118 Harrison St. _____ Ward _____

File No. 14792
Registered No. _____
St. _____ Ward _____

2. FULL NAME Charles W. Skillern

(a) Residence. No. 6118 Harrison, Kansas City, Mo 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 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) Dec. 27, 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
27 3 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work grocery clerk
(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) Atlanta, Ga

10. NAME OF FATHER Neal B. Skillern

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

12. MAIDEN NAME OF MOTHER Mary Hirsh

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

14. INFORMANT Mrs Mary Skillern
(Address) 6118 Harrison

15. FILED 4/18, 1929 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 17th 1929

17. I HEREBY CERTIFY, That I attended deceased from April 16th, 1929, to April 17th, 1929 that I last saw him alive on April 17th, 1929, and that death occurred, on the date stated above, at 5:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS

Acute Diffuse Nephritis
& General Anasarca

10 8
1-3-10 (duration) yrs. mos. ds. Bilateral lobar pneumonia
CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED Home
NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? gross inspection

(Signed) Herbert L. Mantz, M. D.
4/18, 1929 (Address) 818 Medical Arts

*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 Forest Hill Cemetery DATE OF BURIAL Apr 19 19 29

20. UNDERTAKER R. V. LINDSEY & SONS, Inc ADDRESS Kansas City, 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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