

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

Do not use this space.

15384

1. PLACE OF DEATH

County Miller
Township Richwood
City Richwood No. _____

Registration District No. 562
Primary Registration District No. 6757

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

2. FULL NAME

Sarah Eliza 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jas. Skaggs
6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 10, 1886
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 10 1

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 11 1929
17. I HEREBY CERTIFY, That I attended deceased from Apr 3rd, 1929, to Apr 11, 1929 that I last saw her alive on Apr 11, 1929, and that death occurred, on the date stated above, at 2 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronch pneumonia following measles
(duration) yrs. mos. ds. 10

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

CONTRIBUTORY (SECONDARY) None
(duration) yrs. mos. ds. _____

9. BIRTHPLACE (CITY OR TOWN) Miller Co mo.
(STATE OR COUNTRY)

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER G.W. Shelton

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? _____

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

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) W.H. Van Grem, M. D.
Apr 11, 1929 (Address) Idonia Mo

12. MAIDEN NAME OF MOTHER Jane Brandon

*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.

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

14. INFORMANT Doward Shelton
(Address) Suburban mo

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Union Cem - DATE OF BURIAL Apr 13 1929

15. FILED May 10, 1929 W.A. Van Grem
REGISTRAR

20. UNDERTAKER Adams & Casey ADDRESS Idonia 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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