

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

Do not use this space.

K 28354

1. PLACE OF DEATH

County Mason Registration District No. 547
 Township Mason Primary Registration District No. 3079
 City Hannibal (No. St. Elizabeth Hospital St. 6 Ward)

2. FULL NAME

Wm H. Skovone
 (a) Residence. No. n main St. 3 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 Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59

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

9. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY)

PARENTS
 10. NAME OF FATHER
 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 St. Elizabeth Hospital
 (Address) Hannibal Mo

15. FILED 7/6 1929 Bloussis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-13-1929

17. I HEREBY CERTIFY, That I attended deceased from Aug. 7th, 1929 to Aug. 13, 1929 that I last saw him alive on Aug. 13, 1929, and that death occurred, on the date stated above at _____ m:
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Liver
 (duration) yrs. mos. ds.
4 3/5

CONTRIBUTORY (SECONDARY) 4413
 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) A. D. Daniel M. D.
 19 (Address) Hannibal

*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 DATE OF BURIAL
St. Peter Cem. 8-18-1929

20. UNDERTAKER ADDRESS
James O'Donnell Hannibal 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.

25 1929

