

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

Do not use this space.

32150

**1. PLACE OF DEATH**

County St. Louis Registration District No. 791  
 Township St. Louis Primary Registration District No. 1003  
 City St. Louis (No. 1120 Chambers) St. 26 Ward 26

File No. 9197  
 Registered No. 9197  
 St. 26 Ward 26

**2. FULL NAME** Daniel B. Skinner

(a) Residence, No. 1120 Chambers St., 26 Ward. (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mollie Skinner</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>4-2-1870</u>		
7. AGE <u>59</u>	YEARS <u>5</u>	MONTHS <u>10</u>
IF LESS than 1 day, hrs. or min.		

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Vice-President  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer St. Louis Blow pipe & Heating Co.

9. BIRTHPLACE (CITY OR TOWN) Springfield  
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER George J. B. Skinner  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) New York  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Emilie C. Botzford  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) New York  
 (STATE OR COUNTRY)

14. INFORMANT Mrs. Mollie Skinner  
 (Address) 1120 Chambers St

15. FILED 112 Max C. V. ...  
 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 12 1929  
 17. I HEREBY CERTIFY, That I attended deceased from June 21 1929, to Sept 12 1929 that I last saw him alive on Sept 11 1929, and that death occurred, on the date stated above, at 10:55 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Pulmonary Tuberculosis  
3123A  
 (duration) many yrs. mos. ds.  
 CONTRIBUTORY Tuberculous Laryngitis  
 (SECONDARY) (duration) 5 yrs. mos. ds.

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 Tuberc. bacilli in sputum  
 (Signed) Hiram F. Leggett, M. D.  
Sept. 13, 1929. (Address) St. Louis

\*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 Bellefontaine Cem DATE OF BURIAL Sept 16 1929  
 20. UNDERTAKER Adrian L. Mc. 2707 N Grand ADDRESS

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.

61  
2

