Hyatt

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

Do not use this space.

34490

1. PLACE OF DEATH

County ~~Monroe~~ Registration District No. 587

Township Woodlawn Primary Registration District No. 1585

City ~~Duncans Bridge~~ (No. ..... St. ..... Ward)

File No. .....

Registered No. 8

2. FULL NAME Mrs Elizabeth Skinner

(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

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May-29-1857

7. AGE: YEARS 72 | MONTHS 4 | DAYS 29 | If LESS than 1 day, ... hrs. or ..... min.

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

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9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: James Hardisty

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

12. MAIDEN NAME OF MOTHER: Mary Ellyson

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

14. INFORMANT: Mort Skinner
(Address) Duncans Bridge

15. FILED Oct 27, 1929 F. Meading
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Oct 27 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug. 10, 1929, to Oct. 28, 1929 that I last saw her alive on Oct. 27, 1929, and that death occurred, on the date stated above, at 9 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic Nephritis

131

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 129a

(duration) ..... 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? .....

(Signed) J. A. Hyatt, M. D.

, 19 (Address) Clarence

*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: Ridings Chapel
DATE OF BURIAL: Oct 29 1929

20. UNDERTAKER: E E Hopper
ADDRESS: Clarence

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.