

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

Do not use this space.

3241

2670

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... (No. **Missouri Baptist Hospital**)..... St. Ward)

File No.
Registered No. **737**.....

2. FULL NAME

James A Skaggs
(a) Residence No. **Ruble No.** St., **12** Ward. **Ruble No.**
(Usual place of abode) **Ruble No.** (If applicant, 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 **Married**
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Not Known**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt 36

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

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

10. NAME OF FATHER **Hobb Skaggs**
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**
12. MAIDEN NAME OF MOTHER **Nancy Pulliam**
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

14. INFORMANT **William Beavers**
(Address) **Ruble Missouri**

15. FILED **22** **1930** **Jan 22** **1930** **Missouri**
REGISTRAR **Wm E. Parker**

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan. 21 1930**

17. I HEREBY CERTIFY, That I attended deceased from **Dec 1**, 19**29** to **Jan 21**, 19**30**, that I last saw him alive on **Jan 21**, 19**30**, and that death occurred, on the date stated above, at **5:30** p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Sarcoma of the lung
47 (duration) yrs. **6** mos. ds.

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

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

19. DID AN OPERATION PRECEDE DEATH? **No** DATE OF.....
WAS THERE AN AUTOPSY? **Yes**

WHAT TEST CONFIRMED DIAGNOSIS? **Autopsy**
(Signed) **Ramuel B. Grant**, M. D.
1/22 1930 (Address) **3720 Washington**

*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 **Ruble Missouri** DATE OF BURIAL **Jan. 24 1930**

20. UNDERTAKER **William Beavers** ADDRESS **1468 Washington Bvl.**

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.

