

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

Do not use this space.
20620
~~20418~~

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
1003
Primary Registration District No.

File No.
Registered No. **5358**
St. **Hoep** (Ward)

2. FULL NAME

(a) Residence. No. **1713-4th** St., **21** Ward, **Madison Ill**
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. **7** 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 (write the word) **Widowed**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE of **George W. Skinner**
6. DATE OF BIRTH (MONTH, DAY AND YEAR) **July 5-1841**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
88 | **10** | **27** |
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.....

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 1 - 1930**
17. I HEREBY CERTIFY, That I attended deceased from **May 25**, 19**30**, to **June 1**, 19**30** that I last saw her alive on **June 1**, 19**30**, and that death occurred, on the date stated above, at **11:40 A** M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
9.30
167
unknown (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) **Senility** (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? **Clinical**
(Signed) **Joseph A. Siegel**, M. D.
6/2, 1930 (Address) **1373^a Franklin**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Madison Illinois** DATE OF BURIAL **June 3 1930**
20. UNDERTAKER **J. J. Lakey** ADDRESS **Madison Ill**

9. BIRTHPLACE (CITY OR TOWN) **Oswego**
(STATE OR COUNTRY) **New York**
10. NAME OF FATHER **John H. Huginn**
11. BIRTHPLACE OF FATHER (CITY OR TOWN) **New York**
(STATE OR COUNTRY) **New York**
12. MAIDEN NAME OF MOTHER **Unknown**
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **New York**
(STATE OR COUNTRY) **New York**

14. INFORMANT **G. F. Skinner**
(Address) **Madison, Ill**
15. **W. H. H. 2 1930**
L. F. R. **19**
REGISTRAR

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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