

NOV 26 1930

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

Do not use this space.

33453

1. PLACE OF DEATH

County Linn
Township Yellow Creek
City St Catherine (No.)

Registration District No. 496
Primary Registration District No. 5670

File No.
Registered No. 75
St. Ward)

2. FULL NAME

Ruben A Skinner

(a) Residence. No. St. Ward.
(Usual place of abode)
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. (if nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 27 - 1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
10 11 6

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

9. BIRTHPLACE (CITY OR TOWN) North Salem
(STATE OR COUNTRY) Mo

10. NAME OF FATHER Alfred Skinner

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St Catherine
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Laura Bell Baker

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) North Salem
(STATE OR COUNTRY) Mo

14. INFORMANT: W.A. Skinner
(Address)

15. FILED Oct. 3, 1930 Jane Evans
Deputy REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 3 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 22, 1930, to Oct 3, 1930, that I last saw him alive on Oct 3, 1930; and that death occurred, on the date stated above, at 2:30 p.m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Colitis.
10.7.11
12.0.13 (duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Acute Bronchopneumonia
(duration) yrs. mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED? 1000
IF NOT AT PLACE OF DEATH,

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? clinical & histology.
(Signed) Ralph Haley, M. D.

, 19 (Address) Brushfield Mo

*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 Switzer Chapel DATE OF BURIAL 10/5/30

20. UNDERTAKER Hunter, Pellius Woodford
ADDRESS

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

