

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

Do not use this space.

17745

1. PLACE OF DEATH

County Bundy
Township Trenton
City Trenton (No. _____)

Registration District No. 330
Primary Registration District No. 3017

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 500 S. May 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 9 - 1852

7. AGE YEARS 78 MONTHS 8 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Chas. Skinner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

15. MAIDEN NAME Manda Herndon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

17. INFORMANT (ADDRESS) Mrs. Chas B. Kelly Trenton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Skinner DATE May 22 - 1931

19. UNDERTAKER (ADDRESS) Biggs Funeral Home Trenton Mo

20. FILED May 20 1931 E. A. Duffey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 20 1931

22. I HEREBY CERTIFY, That I attended deceased from Apr 27 - 1931 to May 20 1931

I last saw him alive on May 19 1931 Death is said to have occurred on the date stated above, at 3:25 A.M.

The principal cause of death and related causes of importance were as follows:

acute Nephritis Date of onset Apr 27-31
137
130 / 37

Other contributory causes of importance? hypertension, Prostatic gland enlargement, arteriosclerosis

Name of operation None Date of _____
What test confirmed diagnosis? Urinary analysis Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) J. P. Davis M. D.
(Address) Trenton, Mo

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.

JUN 26 1931

MARG. RESERVED FOR BINDING

V.S. NO. 2.

