

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Ray
City K.C. Mo. (No. 1320 East 36th St.)

Registration District No. 399

Primary Registration District No. 1092

File No. 215238
Registered No. 2238
St. _____ Ward _____

2. FULL NAME

William D. Skidmore

(a) Residence. No. 1320 E-36th St. 13 Ward.

(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 Louisa Skidmore

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-25-1843

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
87 5 21

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Guard at Mo. State Penit.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER

Jas. Skidmore

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER

Delilah Brown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Mo.

14.

INFORMANT Sterling D. Skidmore
(Address) 3601 Virginia Ave

15.

FILED 6/17 1931 M. M. Crowe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 16 1931

17. I HEREBY CERTIFY, That I attended deceased from June 12, 1931, to June 16, 1931, that I last saw him alive on June 16, 1931, and that death occurred, on the date stated above, at 1:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

108
1092
Hypostatic pneumonia (lobar)
(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Senility
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED at place of death
IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical findings
(Signed) Clyde Swift, M. D.

6/17 1931 (Address) 8106 gale beds K.C. 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 DATE OF BURIAL

Jefferson City 6-16-31

20. UNDERTAKER ADDRESS

Mrs. C. L. Forster K.C. 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.

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112 Huntington - Hi-3898