

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.

DEC 21 1931

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

Do not use this space.

36737

1. PLACE OF DEATH

County ADAIR

Registration District No. 4

Township.....

Primary Registration District No. 3001

City KIRKSVILLE MO (No.)

File No.
Registered No. 191
St. Ward)

2. FULL NAME JOSEPH SKELTON

(a) Residence, No. 201 S MAIN ST St. Ward. Milton Iowa
(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) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED, GIVE NAME OF HUSBAND OF (OR) WIFE OF ANN BEEBON EDITH SKELTON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 38X NOV 23, 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
38 11 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. STOCK & GAIN
10. Date deceased last worked at this occupation (month and year) JAN 1931 11. Total time (years) spent in this occupation 10 YEARS

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LARNCH MICH

13. NAME JAMES EDWARD SKELTON

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) LARANSE MICH

15. MAIDEN NAME HATTIE HASKINS

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MARCHEL CO IOWA

17. INFORMANT (ADDRESS) Edith Skelton MILTON IOWA

18. BURIAL, CREMATION, OR REMOVAL

PLACE MILTON CEMETERY DATE 1, 25th 1931

19. UNDERTAKER (ADDRESS) DAVIS & WILSON Milton Iowa
KIRKSVILLE MO

20. FILED 12/3 1931 Ch Becker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 22, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 15, 1931, to Nov 22, 1931.
I last saw him alive on Nov 22, 1931. Death is said to have occurred on the date stated above, at 11:30 a.m.
The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus
59
Other contributory causes of importance:
57

Name of operation None Date of 5/30
What test confirmed diagnosis? Haines Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 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? If so, specify
(Signed) W. J. Hulse, D.D.
(Address) Kirksville Mo.

1931-11-22
1892-11-23
38-11-29

52
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