

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

Do not use this space.

41379

1. PLACE OF DEATH

County Johnson Registration District No. 431
 Township Warrensburg, Primary Registration District No. 3022
 City Warrensburg, (No. _____, _____ St. _____ Ward _____)

2. FULL NAME Eva Lou Skaggs

(a) Residence, No. 321 Jackson St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. P. Skaggs,
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15, 1872
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 11 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife,
 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) Keokuk (STATE OR COUNTRY) Iowa.

13. NAME W. H. Davis

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

15. MAIDEN NAME Maggie Vanwinter,

16. BIRTHPLACE (CITY OR TOWN) Unknown, (STATE OR COUNTRY)

17. INFORMANT W. P. Skaggs, (ADDRESS) Warrensburg, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Warrensburg, DATE Dec. 23 1931

19. UNDERTAKER Sweeney-Phillips (ADDRESS) Warrensburg, Mo.

20. FILED Dec 22, 1931 W. P. Skaggs Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Jan. 20th 1931 to Dec. 21st 1931
 I last saw him alive on Dec. 21st 1931. Death is said to have occurred on the date stated above, at 1-30 P M
 The principal cause of death and related causes of importance were as follows:

Cancer of Liver
46.4/60

Other contributory causes of importance:
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? No.
 If so, specify _____ (Signed) W. P. Skaggs M. D.
 (Address) Warrensburg, Mo

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.

